

Fungal keratitis cases put lens care in spotlight

Following warnings from the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) about increased reports of a serious eye fungus among Americans, doctors of optometry from the AOA Contact Lens and Cornea Section have been highly visible, urging contact lens wearers to take proper precautions to prevent the potentially sight-threatening eye infection called *Fusarium* keratitis.

Bausch & Lomb voluntarily suspended shipment of ReNu® with MoistureLoc® contact lens solution April 10 after reports from



AOA Contact Lens and Cornea Section Chair Art Epstein, O.D., appears on Good Morning America, April 5, to discuss *Fusarium* keratitis.

federal health officials that *Fusarium* keratitis, a severe corneal fungal infection, has been potentially linked to the contact lens solution.

The company has asked optometrists to stop dispensing the

solution and asked retailers to remove it from shelves.

As of April 9, 2006, 109 cases of suspected *Fusarium* keratitis are under investigation by

see Fungus, page 14

See pullout section on *Fusarium* keratitis, page 15

Top Congressional Conference goal: Save state patient protection laws

The major goal for this year's AOA Congressional Conference is simple, according to the AOA Advocacy Group: save state patient protection and access to care laws threatened by a proposed federal overhaul of health insurance regulation.

The Health Insurance Marketplace Modernization and Affordability Act (S. 1955), as introduced, has been scheduled for consideration on the floor of the U.S. Senate during the first week of May, just as optometrists from across the nation are set to gather in the nation's capitol for the AOA Congressional Conference, organized optometry's largest and most important annual lobbying initiative.

The bill, if enacted as narrowly approved last month by the Senate Health committee, would effectively override dozens of state patient protection laws passed over the past four decades that help ensure access to optometric care and the inclusion of optometrists as providers in health plans, said Jon Hymes, AOA Washington Office director (see April 3 AOA News).

Held yearly since the 1960s when AOA began lobbying Congress to include optometrists as Medicare providers, the AOA Congressional Conference now brings more than 200 optometrists, representing all 50 states, each year, for meetings in the offices of all 100 members of



see Protection, page 6

CDC issues snapshot of cases

As of April 9, 2006, a total of 109 patients with suspected *Fusarium* keratitis were under investigation in 17 states, according to the Centers for Disease Control and Prevention.

Cases were identified through postings

on the Epidemic Information Exchange (Epi-X) and ophthalmology listservs and through queries of clinical microbiology laboratories.

CDC says it is coordinating an investigation with public health authorities in California, Connecticut, Florida,

Georgia, Iowa, Maryland, Massachusetts, Michigan, Missouri, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Tennessee, Texas, and Vermont.

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At A Glance: UV Protection

Thirty percent
of consumers say
they are "very unlikely"
to buy eyewear with
UV protection regardless
of cost.

Source: Transitions Optical. See story page 20.

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Munson files for AOA trustee

Mitchell T. Munson, O.D., has filed for the position of AOA Trustee.

Dr. Munson was appointed to the AOA New Technologies Committee in 1996, followed by three years of service on AOA's Statutory Scope Committee. He is completing six years of service to the AOA Political Action Committee where he was chair from 2003-2004.

Dr. Munson has served on the AOA Nominating Committee as a committee member and as chair, and as sergeant of arms in the AOA House of Delegates.

In 1992, he was elected to the Colorado Optometric Association Board of Trustees and elected president in 1995.

Prior to serving on the COA board, Dr. Munson served on COA's Legislative, Keyperson, Audit and Finance, and Long-Range Planning committees and was chair of the New Practitioner Program.

COA named him Young Optometrist of the Year in 1993 and Optometrist of the Year in 1996. He was presented with COA's Distinguished Service Award in 2001.

Dr. Munson served four years on the Vision

West, Inc., Board of Directors, and is now in his sixth year of service on the Southwest Council of Optometry, serving as immediate past president.

Dr. Munson is a 1986 graduate of the Southern California College of Optometry and is a recipient of the Julius F. Neumiller Award in Optics presented by the American Academy of Optometry.

Dr. Munson has a group practice in Highlands Ranch, CO, with his wife, Susan Brunnett, O.D. He has three daughters and enjoys fishing, golf and model railroading.



Mitchell T. Munson, O.D.

ASAE honors InfantSEE™ program

The American Society of Association Executives (ASAE) and the Center for Association Leadership selected AOA to receive an Award of Excellence for the InfantSEE™ program.

InfantSEE™ is recognized as an "outstanding program which has resulted in significant benefit to American society."

InfantSEE™ is one of only 12 programs to receive the Award of Excellence.

The recognition is part of the 2006 Associations Advance America Awards in which the organizations determine three levels of winners.

The levels include the Summit Award, Award of Excellence, and Honor Roll.

Award criteria include:

- ❖ The significant impact of the program.
- ❖ The level of involvement of members and volunteers.

- ❖ The program's ability to be replicated by other organizations.

Earning the Award of Excellence automatically puts the AOA InfantSEE™ program in the running for the Summit Award, which is the highest level of recognition.

The Summit Award winners will be chosen this July.

Washington office staff Adrienne Drollette and Kelly Hipp nominated InfantSEE™ for the award.

"The InfantSEE™ program is a great example of the impact optometry can make serving the public," said Hipp.

"Optometrists from around the country are working together to perform thousands of infant eye assessments at no cost to the patients. This award celebrates the value InfantSEE™ brings to those outside of the optometric family by recognizing our members' involvement and the importance of their work," she said.

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President's Column



Richard L. Wallingford, O.D.

A serious adventure

It is a serious adventure anytime we make a bylaws change. As the guiding documents for our association, we rely on them to settle disputes, reflect the values of our association, and maintain order. So it's always with a great deal of trepidation that we take a look at our constitution and bylaws.

However, over the past few years, we've encountered a number of situations that made it clear we needed to do some serious house-keeping.

For example, to reflect the changing modes of practice, the House of Delegates has established partial practice, educator and other membership categories. While they are important, the categories are sometimes inconsistent with each other, or with other parts of the

bylaws, such as those governing dues waivers or dues reductions.

We propose redefining partial practice membership to be based on the number of days worked by the member. This is a simpler and more comprehensive system than the previous hourly system. An optometrist who works more than three days a week is not eligible for partial practice membership and must pay full dues.

Events beyond our control also influenced our belief that it was time to clean up the bylaws.

For example, the hurricanes of last year hit many members very hard. AOA could afford to absorb the lost dues of several hundred doctors affected by the hurricanes, but the affiliates could not.

We propose adding

a provision that in case of a serious disaster, the AOA can waive AOA member dues for up to one year in consultation with the member's affiliate.

Affiliates are not required to match this emergency dues waiver if they do not wish to. This new option allows AOA to be more flexible in times of emergent need for our members.

Another example became apparent last year when we learned that a candidate for AOA's board does not have to be a member in good standing. In fact, our bylaws did not require that the candidate for AOA's board even be an optometrist!

We feel strongly that this situation needs to be resolved.

Many people do not realize that AOA is a federation of affiliated optometric associations. To be a member of AOA, an optometrist must first be a member of an affiliate.

This seems relatively straightforward, but there are many situations in which AOA member classifications hamstring the state.

Our goal with many of these changes is to simplify record keeping for the states, and eliminate inconsistencies. We've eliminated some

member categories, changed some dues phase-in periods and given the states greater leeway in setting their own membership categories. These are changes that reflect the expressed wishes of our state affiliates.

It's important to note that these changes are intended to be revenue neutral.

In fact, all dues changes made by the AOA Board of Trustees are now to be automatically reported and updated in the AOA bylaws so that footnotes are no longer needed for the bylaws. This will make it much easier to keep track of what the AOA Board has done with dues.

Beginning on page 12, we've published a summary of the proposed changes to the bylaws. If you are interested in the full text, visit www.aoa.org.

The bylaws changes will be put before the AOA House of Delegates at Optometry's Meeting™ in June. I look forward to informed, interested discussion and appreciate the work of everyone involved in embarking on this adventure.

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Correction: ODs to play greater role in SS disability cases

The Social Security Administration (SSA) is preparing to expand the role optometrists play in determining whether people are eligible for disability benefits due to visual disabilities.

The lead paragraph in the April 3 issue of AOA News incorrectly stated that SSA is preparing to expand the role optometrists play in determining when beneficiaries are legally blind. Optometrists already provide that service under SSA rules.

Contact lens distribution bill surfaces in U.S. Senate



The recent spate of contact lens distribution bills in several states — including a bill that has been enacted in Utah — escalated to the U.S. Senate last month with the introduction of S. 2480, the “Contact Lens Consumer Protection Act.”

AOA opposes the bill and urges increased verification safeguards instead.

As introduced by Sen. Robert Bennett (R-UT) and Sen. Patrick Leahy (D-VT) the legislation reads, “A manufacturer shall make any contact lens the manufacturer produces, markets, distributes, or sells available in a commercially reasonable and nondiscriminatory manner to (1) prescribers; (2) entities associated with prescribers; and (3) alternative channels of distribution.”

“As you may know, optometry supported improvements to the Utah legislation and was ultimately successful in defeating a scheme by the bill’s original sponsor to unfairly target Utah’s Doctors of Optometry with civil and criminal penalties for following established, recognized and scientifically based standards of patient care,” wrote AOA President Richard L. Wallingford, O.D., in a letter to Sen. Bennett.

“Nevertheless, the Utah contact lens bill — in its final form — remains severely flawed, anti-competitive in the extreme and entirely at odds with the findings reported just last year by the U.S. Federal Trade Commission (FTC) in the definitive study on contact lens competition

that was prepared at the direction of Congress.”

Dr. Wallingford noted that “of particular importance to optometrists and our patients, the legislation falls significantly short of providing needed safeguards for consumers who may be endangered by disreputable online contact lens sellers.”

Although S. 2480 seeks to make changes in the federal Fairness to Contact Lens Consumers Act (FCLCA) supported by 1-800 Contacts (see page 6), the bill fails to address the prescription verification abuse problems that concern AOA, according to the AOA Advocacy Group.

S. 2480 is similar in intent to a contact lens “channels of distribution” amendment also backed by 1-800 Contacts that Sen. Bennett sought to include in a version of the Agriculture Department appropriations bill in 2005. The Bennett/1-800 Contacts amendment was uncovered and rejected by Congress.

“The AOA is encouraged that similar legislation has been defeated in other states in which it has surfaced, including Indiana, West Virginia, Georgia and Alabama,” Dr. Wallingford noted in his letter to the senator.

“Given your longstanding interest in contact lens competition issues, it is important to us that you are aware that the nation’s frontline eye and vision care providers would strongly oppose a federal bill found to be inconsistent with common competitive practices.”

AOA is urging members of Congress to:

- 1) Oppose Sen. Bennett’s approach and support changes to S. 2480 to provide enhanced prescription verification safeguards for contact lens patients.
- 2) Contact the U.S. Federal Trade Commission, the agency charged with FCLCA enforcement, to seek a full investigation of the latest complaints about the online and mail-order contact lens sales industry.

Under FCLCA, consumers have ready access to contact lens prescriptions. However, “there is mounting evidence suggesting that the online sales industry is continuing to fail to fully comply with the consumer safeguards Congress included in the law,” according to the AOA Advocacy Group.

AOA notes that when these companies violate the FCLCA they are endangering consumers and imposing burdens on optometric practices in communities across the country.

An automated telephone-dialer verification system used by one Internet/mail-order seller alone has prompted hundreds of complaints to the FTC of violations of FCLCA.

In addition, there are complaints being raised to the FTC regarding the apparent filling of orders with expired prescriptions or with lenses other than those that were prescribed.

“Public health would be compromised by a calculated effort to discourage eye doctors from responding to verification inquiries,” AOA notes in a member bul-

letin.

In a 2002 report, the FTC concluded that consumers “incur health risks if they forego regular eye exams that would allow optometrists or ophthalmologists to spot emerging health problems in their early stages.”

Over the last year, AOA and members of Congress have publicly raised concerns about prescription verification abuses by online sellers and urged the FTC to take enforcement action.

❖ On Oct. 13, 2005, the FTC issued a formal warning to 1-800 Contacts that cited a “substantial number of complaints” arising from the company’s contact lens prescription verification practices. The FTC detailed a series of penalties the company may face and specifically urged 1-800 Contacts’ management “to review the [Contact Lens] Rule and revise its practices as necessary to ensure that they comply with its requirements.”

• On Nov. 8, 2005, in attempting to respond to the FTC warning, an official of 1-800 Contacts asserted that a competing online contact lens seller was engaged in “a pattern and practice... inconsistent with the prescription verification requirements of the FCLCA and...practices that misle[a]d consumers.”

❖ The AOA continues to receive complaints from optometrists across the country about harmful and disruptive prescription verification practices employed by the online contact lens sales industry that would violate the FCLCA.

“Public health would be compromised by a calculated effort to discourage eye doctors from responding to verification inquiries.”

According to a Congressionally authorized study association health plans would not substantially increase the number of persons with health coverage.

Protection, from page 1

the Senate and all 435 members of the House of Representatives on issues related to eye and vision care.

"Thanks to the Congressional Conference, optometrists from across the country will be personally meeting with their representatives in Congress, just as lawmakers consider one of the most controversial pieces of health care legislation this year," said Hymes.

As in past years, AOA Congressional Conference participants will review a full slate of eye and vision care related issues—including permanent efforts to stabilize Medicare Part B reimbursements—with lawmakers, Hymes said.

However, no issue this year will be more important to optometry than the proposed insurance market reform, Hymes emphasized.

The pending insurance reform legislation represents a renewed effort to establish a feder-

ally authorized program of health insurance purchasing pools for small business, according to Michele R. Haranin, O.D., chair of the AOA Federal Relations Committee.

It is backed by a well-financed coalition of business, insurance and special interest groups, and considered a top priority for both the Bush administration and the Republican Congressional leadership.

The proposal is similar to Association Health Plan (AHP) legislation that has been approved by the U.S. House of Representatives several times over the last decade and ultimately defeated in the Senate each time due to the aggressive advocacy efforts of AOA and like-minded organizations.

The expected floor vote in May on S. 1955, which slightly modifies the AHP approach, would mark the first time the issue will be before the full U.S. Senate.

Proponents say the bill, as introduced, would make health coverage more readily available to employees of small businesses by allowing small employers to offer the types of health insurance plans commonly offered by large employers under terms of the *Employee Retirement Income Security Act* (ERISA).

The measure calls for a "harmonization" of state insurance laws designed to make the insurance program more readily marketable across state lines.

However, a growing chorus of health advocacy groups, citizens' organizations and health profession associations say the bill would simply encourage employers to offer minimal "bare bones" insurance programs that would not be beneficial to employees and would actually

restrict patient access to care by effectively nullifying most patient protection laws enacted at the state level.

The AOA Advocacy Group notes administrators for large employer-based health insurance plans have often cited provisions in the ERISA law as a reason for arbitrarily excluding the services of optometrists from their benefit packages.

Small business health insurance purchasing pools, with protections on access to care and adequacy of benefits, have already been made available in some areas of the country, the AOA Advocacy Group notes.

Dr. Haranin, who has tracked the development of AHP bills and similar legislative proposals over recent years, notes the purchasing pools are being heavily promoted by at least one small business, trade association that hopes to market them nationwide and sees the plans as a potentially important source of revenue.

A Congressionally authorized study found association health plans would not substantially

increase the number of persons with health coverage.

Introduced Nov. 15 of last year by Sen. Michael Enzi (R-WY), the insurance market reform plan was approved by the Senate Health, Education, Labor, and Pensions Committee March 15 on a party line vote.

Co-sponsoring the measure are Sen. Conrad Burns (R-MT), Sen. Richard Burr (R-NC), Sen. Larry Craig (R-ID), Sen. Benjamin Nelson (D-NE) and Sen. Pat Roberts (R-KS).

Hymes emphasized that a nationwide effort will be needed to halt or amend the proposed insurance reforms. He urges AOA members not attending the coming Congressional Conference to contact their representative in Congress using the AOA Advocacy Center feature (see box, at left) on the AOA Web site (www.aoa.org).

AOA Advocacy Center messages have proven extremely impressive to lawmakers during past legislative efforts, he said.

AOA-PAC seeks candidate info

AOA-PAC is already receiving requests for AOA-PAC support from candidates seeking federal elective office in the 2006 elections. AOA members who wish to submit information regarding candidates who deserving of AOA-PAC support should contact AOA-PAC Director Noel Brazil at nbrazil@aoa.org. A list of the guidelines used to selecting candidates for AOA-PAC support can be found on line at

www.magnetmail.net/images/clients/AOA_/attach/DeterminingAOAPACCandidateSupport.doc

AOA Keypersons sought

AOA is always in search of optometrists with an understanding of legislation and the political system, particularly those who have had first hand dealing with a member of Congress. Optometrists who have a good working relationship with a member of Congress and would like to serve as an AOA Keyperson should contact Tess Milliorn at tmilliorn@aoa.org. Those with questions about becoming an AOA Keyperson should contact Noel Brazil at nbrazil@aoa.org.

Action still needed on S. 1955

The AOA Advocacy Group is urging all AOA members to immediately contact both of the U.S. senators representing their states and urge them to oppose S. 1955.

AOA's online Legislative Action Center offers a pre-written message on the legislation that can be easily e-mailed to senators. (Click on the S. 1955 message under "Optometric Happenings" on the AOA home page (www.aoa.org) or log on directly at <http://capwiz.com/theaoa/issues/alert/?alertid=8602086&type=CO>).

Because the legislation is pending, the AOA Washington office urges AOA members to fax rather than mail the letter to lawmakers.

AOA members should also educate patients about the potential impact of S. 1955. Practitioners should ask supportive patients to complete and sign the "Patient Letter to Capitol Hill," available online, and fax it to the Washington offices of their two senators.

The AOA Advocacy Group also asks practitioners and their patients to fax copies of the letters to the AOA Washington office at (703) 739-9497, when they contact their legislators, as a means of tracking input to the Senate.

AOA-PAC sets \$1.5 million goal

Facing what is widely expected to be the costliest election in American history and an increasingly aggressive lobbying climate in Washington DC, AOA-PAC is "re-writing its playbook," according to AOA-PAC Chair Rose Betz, O.D.

"This is all-out effort to reinforce and reinvigorate one of the nation's most respected and effective political forces for health care as an array of major health issues are emerging on Capitol Hill," Dr. Betz said.

AOA-PAC has set a \$1.5 million goal for the 2006 election cycle and unveiled a new schedule of donation levels:

- ❖ Presidential: \$1,000
- ❖ Congressional: \$500
- ❖ Capitol: \$200
- ❖ AOA-PAC: Under \$200

An existing Dollar-A-Day contribution program (\$365 per year) is being maintained, Dr. Betz said.

In addition, AOA-PAC is attempting to substantially increase the number of participating optometrists, Dr. Betz added. During the last (2004) election cycle, only about one in five AOA member optometrists were part of AOA-PAC.

AOA-PAC has already begun seeking input from optometrists regarding Congressional candidates to be considered for support during the coming election.

Meanwhile, new volunteers for the AOA Keyperson Network, optometry's grassroots lobbying force, are being actively recruited.

Optometry faces a wide range of federal legislative objectives this year including: stabilization of Medicare Part B reimbursements, defeat of proposed insurance market reforms that would overturn state

patient protection laws and defeat of a proposed federal ban on "doctor only" contact lenses, Dr. Betz said (see related article).

"The first step in rewriting the playbook involves simply doing a better job of educating optometrists on the challenges facing the profession and effectively communicating those challenges to AOA members," Dr. Betz said.

AOA-PAC now consistently raises over \$1 million dollars during the course of an election cycle.

The AOA-PAC war chest has not only kept pace with that of the American Academy of Ophthalmology PAC, but surpassed it during the last cycle.

AOA PAC is now consistently ranked among the top tier of health care PAC's nationwide, Dr. Betz observes.

However, campaign costs have skyrocketed over recent years. Political strategists are openly talking about the possibility of a "billion dollar election," Dr. Betz noted.

AOA-PAC's campaign war chest, though consistently increasing, has not grown as fast as campaign costs—making organized optometry a less formidable force in Washington lobbying, Dr. Betz notes.

"Given the issues pending on Capitol Hill right now, it is important for health care PACs to be able to play on an even field with today's powerful K Street lobbyists," Dr. Betz said.

For example, a pending battle over insurance reform legislation is pitting optometry and other health professions against insurance industry forces and some of the nation's most powerful business lobbies, AOA Washington office

staff notes.

Suggested AOA-PAC contribution levels largely remained the same since the PAC was founded 30 years ago, even as the cost of election campaigns has increased many times, Dr. Betz said.

Optometry is also facing a more formidable opponent within the field of health care, as organized medicine continues an unprecedented push to restrict non-M.D. health professions, Dr. Betz said.

"Our opponent is not just ophthalmology but the entire house of medicine, who after years of bleeding membership, sees a battle against all non-MD provider groups as a way to renew and reinvigorate its members. Organized medicine is more aggressive and better organized than at any time in the past," Dr. Betz said.

And medicine is not just raising additional money for its political and legislative efforts, Dr. Betz emphasizes.

"This comes at the same time that ophthalmology has studied our playbook in earnest and has learned from our successes. Not only are ophthalmologists more willing to become involved in politics, they are actually seeking elective office. In the last election cycle a half dozen ophthalmologists ran for Congress," Dr. Betz observed.

Complicating the situation further is turnover in Congress. "Fewer and fewer of the legislators now in office were involved in the scope of practice battles of the 70's, 80's and 90's," Dr. Betz said. As a result many lawmakers now in office do not have the same understanding of eye and vision care issues that

many lawmakers in the past have had.

"Also, optometry has in some ways become complacent," Dr. Betz acknowledges. In many cases, the grassroots strength which made optometry unique has eroded, she said.

"It is no longer acceptable to have a 20 percent participation rate in AOA-PAC," Dr. Betz said. "The average contribution per PAC member is about \$125. Average that out over the entire AOA membership and it comes to only about \$25 per member."

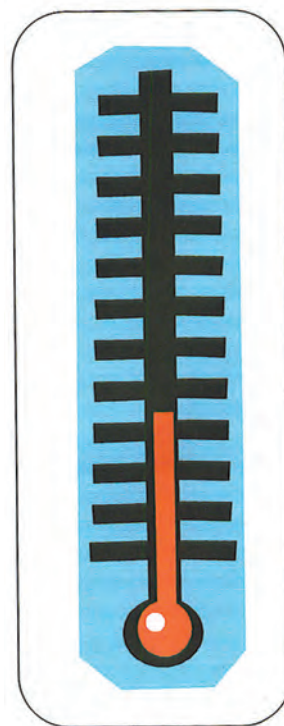
AOA has continued to enjoy a string of major legislative victories in recent years. The association has been instrumental in halting ongoing federal efforts to overturn state patient protections. Proposed Medicare physician reimbursement cuts have been prevented or rescinded.

"That is largely the result of consistent support of regular AOA-PAC contributors who have helped keep optometry a recognized force in Washington," Dr. Betz said.

"I would urge all AOA members now to consider how much their practices benefited from just the AOA-initiated provision that required Medicare to automatically reprocess claims, following the rescinding of this year's pay cut, ensuring all claims were reimbursed at the current level. I would then ask practitioners to consider what they might consider an appropriate level of support for AOA-PAC," Dr. Betz said.

AOA-PAC contributions can be made by check or credit card. Contribution can be made monthly, quarterly or annually.

For more, AOA-PAC Director Noel Brazil at nbrazil@aoa.org.



AOA-PAC has raised \$554,397 on its way to the goal of \$1.5 million.

To support AOA-PAC or become a part of AOA's Keyperson network, visit www.aoa.org/x2258.xml, call AOA's Washington Office at 703-739-9200, or email NBrazil@aoa.org.



Glance at the States

Kentucky governor signs any willing provider bill

Kentucky Gov. Ernie Fletcher signed into law House Bill 131 on April 5.

The law requires the state employee self-funded health plan to allow any willing provider to serve state employees. It also stipulates that all health plans in the private market must pay equal reimbursement to optometrists as physicians for the same service.

"House Bill 131 is extremely significant," said Darlene Eakin, executive director of the Kentucky Optometric Association.

"First it closes the gap on the state self-funded health insurance plan. We amended on AWP and all supporting parts of the legislation on panels, prompt pay and utilization review," she said. "Then on the

state plan and all commercial insurance, we passed total pay parity with ophthalmology. Not only do they have to cover optometrists if you provide the service,

"We became aware of plans that were only paying optometrists 40 percent of what they were paying physicians for the same service."

but they have to pay the same amount to you as to an ophthalmologist."

According to Eakin, "We became aware of plans that were only paying optometrists 40 percent of what they were paying physicians for the same service."

The law states: "Any health benefit plan issued or renewed on or after the effective date of this Act which provides coverage for services rendered by a physician or osteopath

duly licensed under KRS Chapter 311 that are within the scope of practice of an optometrist duly licensed under the provisions of KRS Chapter

320 shall provide the same payment for coverage to optometrists as allowed for those services rendered by physicians or osteopaths."

The health insurance plan available to all state employees includes a voluntary comprehensive vision insurance plan, which includes diagnostic services (including refractive services), preventative care, and eye-wear.

On April 10, the

Kentucky General Assembly also passed House Bill 418, which will save consumers out-of-pocket health care expense.

The bill prohibits insurers from requiring a patient to pay a higher co-payment to see an optometrist or a chiropractor than they would pay to see a physician or osteopath for the same service.

This legislation will address instances when a plan required a \$20 co-payment to see a family physician, but a \$50 co-payment to see an optometrist. This bill has now gone to the governor for action.

If the bill becomes law, it will go into effect July 15, when all bills passed in the 2006 session without an emergency clause become effective. This also applies to House Bill 131.

Michigan College of Optometry gets \$1 million gift for building campaign

The Michigan College of Optometry at Ferris State University in Big Rapids, MI, has received \$1 million in funding from the Herbert H. and Grace A. Dow Foundation in Midland, MI.

The gift will benefit the University's "Realize the Vision" building campaign to fund a new building for the Michigan College of Optometry.

The 91,000 square-foot facility will support the Michigan College of Optometry's teaching, research and patient care missions. The new building will house an eye and vision care clinic, center for collaborative health education, laboratories, classrooms and office spaces, and distance learning facilities.

"This gift gives enormous momentum to our

fund raising efforts for the building," Dean Kevin L. Alexander, O.D., Ph.D., said.

"Through the efforts of the Herbert H. and Grace A. Dow Foundation, we will be able to educate the next generation of optometrists who will provide the highest quality eye care to citizens throughout the Midwest," he said.

The Herbert H. and Grace A. Dow Foundation, established in 1936, supports organizational, religious, economic and cultural opportunities of Michigan residents.

The Michigan College of Optometry was established in 1974 and has been housed in Pennock Hall—a converted dormitory—since its founding.

Mittelman nominated to be first optometrist to attain rank of admiral

Navy Capt. Michael H. Mittelman, O.D., is poised to become the first full-time Navy optometrist to rise to the rank of admiral.

Dr. Mittelman is among eight Navy officers nominated for the rank of rear admiral (lower half) this month by President George W. Bush. The announcement was made by the office of Secretary of Defense Donald H. Rumsfeld on April 7.

"Optometry is one of the primary health care professions," said Dr. Mittelman. "And it's significant in the Navy, especially as we transition to more humanitarian missions. Eye care and dental care were in

high demand after the tsunami. Medicine can also be looked at as a soft weapon against terrorism."

Dr. Mittelman is currently serving as deputy director for medical resources for plans and policy at the Office of the Chief of Naval Operations in Washington, D.C.

While at least two Navy Reserve optometrists have in the past become admirals, no optometrist serving full time in any branch of the armed forces has ever before risen to "flag grade" rank, the military's terminology for its top echelon of leadership.

"I couldn't have gotten here by myself," said Dr. Mittelman.

"I stand on the shoulders of giants—one of them was Dr. David Sullins and another was Dr. Jerry West. Nobody does it alone, and I learned by the experiences of the right people."

Drs. Sullins and West had both attained the rank of admiral as reservists.

Prior to serving in his current duties, Dr. Mittelman was the executive assistant to the surgeon general of the Navy.

From 2000 to 2003, Dr. Mittelman was in command of the U.S. Naval Hospital in Okinawa, Japan, which was the Navy's largest overseas medical treatment facility. Dr. Mittelman was the

first optometrist to complete the Navy's Flight Surgeon program and be winged and designated as an aerospace optometrist in 1989.

Dr. Mittelman was the first Navy optometrist to earn fellowship in the American College of Healthcare Executives and was also the first active duty Navy optometrist to be selected as a diplomat of the American Academy of Optometry.

Dr. Mittelman is a past president of the Armed Forces Optometric Society.

In 1995, AFOS awarded Dr. Mittelman the Orion Award, which is the highest honor they bestow, and also named him their Optometrist of the Year.



Navy Capt. Michael H. Mittelman, O.D.

ODs active in NEI's education program

Leaders from more than 50 national organizations recently met at the ninth conference of the National Eye Health Education Program (NEHEP). The NEHEP is coordinated by the National Eye Institute in partnership with public and private organizations to advance eye health education.

In 1989, the National Eye Institute (NEI) launched the NEHEP, with the goal of increasing awareness among health care professionals and the public of scientifically based health information that can be applied to preserving sight and preventing blindness. AOA has been a partner since the NEHEP was established.

"From my perspective, the greatest value of participating in the NEHEP conference is

the opportunity to interact on common ground with individuals and organizations outside of optometry, sharing experiences and growing partnerships through aligned objectives and economies of purpose and effort," stated Ed Marshall, O.D., MPH.

Satya Verma, O.D., chaired a major segment of the NEHEP conference on Vision and Aging.

"Since baby boomers are changing the demographics and the number of older people who will be visiting eye care providers in the next 10 to 20 years, there is projected to be an increased need for visual and the health needs of this aging population," he said.

"My concern is that optometry schools have not formally addressed geriatric education since the late 70s and early



Members of the NEHEP Planning Committee, from left: Drs. Edwin Marshall, Lee Ball, John Whitener, Tracy Williams, and Satya Verma. Other members of the NEHEP Planning Committee not pictured are Drs. George Foster, Elizabeth Hoppe and Terry Schleisman.

80s, when the Pennsylvania College of Optometry and the Southern California College of optometry received grants to develop curriculum in gerontology for optometry and AOA had a grant for including continuing education in geriatrics for optometry," according to Dr. Verma.

"I would like to see the profession and the schools take an active role in promoting aging-

related education in schools and continuing education programs. Education programs should be more inclusive than cataracts, glaucoma, AMD and diabetic retinopathy. We must educate the public that contrast, depth perception, dark adaptation and other environmental visual factors also play a vital role in the quality of vision and may contribute to falls," said Dr. Verma.

Bintz develops program to dissuade CL-wearing teens from smoking

Daniel Bintz, O.D., recently returned from the Unite for Sight annual conference held at Yale University in New Haven, CT.

He was contacted nearly a year ago to submit an abstract for a poster that outlined the tobacco awareness program he had developed while serving as chair of the Healthy Eyes, Healthy People (HEHP) Committee of AOA. He currently serves as a consultant to the committee.

"The program he developed is unique in that it was designed to be presented to new teenage contact lens patients, which had never been done before," said John Whitener, O.D., of AOA. "Kids tend to get interested in wearing contact lenses around ages 11-14, which is the same time they start experimenting with tobacco use. Recent research has found that tobacco users are two to five times more likely to develop macular degeneration, the disease that causes the majority of older patients to lose significant amounts of vision and is the leading cause of blindness in persons over 55," he reported.

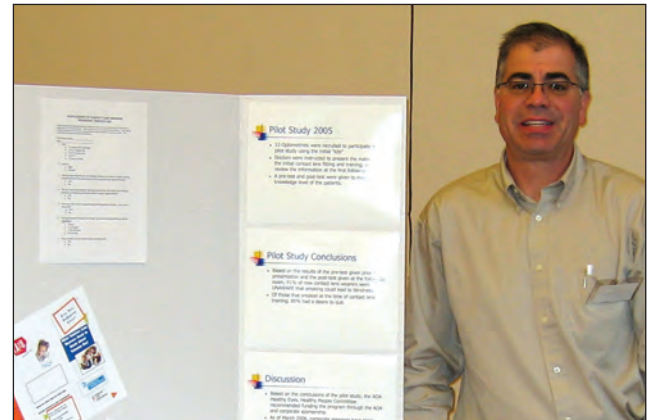
Dr. Bintz added, "The HEHP Committee agreed that it was important to try to reach teenagers before they began smoking with information about how smoking affects vision. First, we designed a program to help optometrists discuss tobacco use and intervention during routine eye exams.

"Optometrists are urged to make appointments with the patient's

family doctor or contact a tobacco cessation program for their patients who smoke and have a desire to quit. Next we developed the program for contact lens patients, hoping to not only warn kids of this new and devastating tobacco-related disease, but also hopefully convince them to never start using tobacco," he said.

"It is well known that warning young people about the effects of tobacco use that occur after decades of use isn't a particularly effective strategy, so we looked at it from a perspective of the immediate effects of tobacco use. We concentrated on the fact that most people want to wear contacts to enhance their appearance, yet tobacco use does just the opposite. In a brochure, we discuss the fact that tobacco use makes your teeth turn yellow, your skin turns pale and wrinkled due to reduced blood flow, and your breath stinks, as well as your clothes. Additionally, your ability to perform well at sports is reduced due to breathing difficulty and the chronic cough that accompanies tobacco use," Dr. Bintz explained.

In addition to discussing the downside of tobacco use, the brochure tells of the 1,000 new smokers that have to be recruited daily to replace the 1,000 that die daily from tobacco use. It also informs kids to be aware of tactics of tobacco companies aimed at their age because younger adult smokers are a source of replacement for smokers who die or quite smoking.



Daniel Bintz, O.D., recently returned from the Unite for Sight annual conference held at Yale University in New Haven, CT.

After designing a youth-oriented brochure, Dr. Bintz worked on developing support materials such as press releases that optometrists could place in their local papers, and detailed instructions on how the staff should present the brochure and information during the initial contact lens training.

The poster presented at the Yale conference discussed a pilot study done in 2005. A sample of optometrists from around the country were given the packets of brochures and support materials called "Eye See Tobacco Free" and instructed on how to do a pre-test and post-test on teenage contact lens patients to assess their knowledge on tobacco complications. The results of the study showed that 91 percent of new contact lens patients did not know that tobacco use increased the risk of blindness. The results also showed that of those who used tobacco, over 85 percent had a desire to quit. Patients were given an information brochure, "Eye See Tobacco Free" to read before returning to the office. When the

patients returned for their second contact lens visit, they were given a post test.

The post test revealed an increase of 20 percent of the teenagers who understood that smoking could cause macular degeneration.

Unite for Sight is a non-profit organization that uses volunteers to administer eye care in the United States and around the world to persons who have an inability to pay for services such as eye exams and eye surgery. Since forming in 2003 at Yale University by then sophomore Jennifer Staple, the organization has provided care to over 400,000 persons worldwide using over 4000 volunteers. Learn more at www.uniteforsight.org.

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the right to edit
letters submitted
for publication.**

Optometry's Meeting™



Students benefit from Optometry's Meeting™

Not only does the 2006 Optometry's Meeting™ in Las Vegas promise to be a good time for students, but it is also of great importance professionally. It won't be long before students will be venturing out into practice. Optometry's Meeting™ is a great place for students to get a jumpstart on their careers.

Ryan Parker, O.D., chair of the Optometry's Meeting™ Student Program Committee, refers to the old saying "It's not what you know, but who you know."

Dr. Parker explains by saying "When optometry students graduate they basically have the same knowledge base. Why then are some more successful than others? Part of it is motivation and drive, but in many cases it is due to who you know."

"Optometry's Meeting™ is an excellent place to meet people that may help you out in the future," he said. "These people could be ODs, vendors or other students; the possibilities are endless. I have met many people at this meeting that have really helped enhance my career. I encourage each and every student to take full advantage of the vast networking potential this meeting has to offer."

There will be numerous opportunities for students to network with their peers, ODs and future business contacts. Some of these great opportunities are designed exclusively for the students.

❖ The Optometric Residency Forum is a

great resource for students who are considering a residency after graduation.

On Friday, June 23 from 9:30 a.m. to 1:30 p.m., residency directors from many of the optometry schools will be available to answer students' questions about their school's program and application procedures on a one-on-one basis.

This is a great opportunity to learn about what makes each residency program unique and see what program is best suited for the student.

❖ Student Focus Hours in the Exhibit Hall have been dedicated specifically for students on Saturday, June 24 from 11 a.m. to 1 p.m.

According to Dr. Parker, "This is a great opportunity to start building vendor relationships. By attending Optometry's Meeting™ students will see first hand who supports the AOSA and AOA. Doing business with people who support optometry will continue to strengthen our profession and our association."

If that's not reason enough to attend, several drawings will be held throughout the dedicated hours for students to win cash and scholarships.

❖ The ever popular Varilux Optometry Super Bowl and reception will celebrate its 15th anniversary in Las Vegas. Thanks to Essilor, this optometric competition keeps the students and optometrists on their toes.

❖ TLC Live at the Luxor promises to be a lot of fun for the stu-

dents. This event will be a great way to meet student colleagues from other schools and colleges.

❖ Education is one of the key focuses of Optometry's Meeting™. AOSA courses are offered to registered optometric students at no charge thanks in part to an education grant from Vistakon, Division of Johnson & Johnson Vision Care, Inc.

Students won't want to miss the InfantSEE™ lecture on Thursday afternoon where the Vistakon Travel Grants will be distributed.

❖ Nine courses are offered just for students with their needs in mind including "Pimp My Cornea," sponsored by TLC. Students who register for and attend this course will be given a wrist band for admittance to "TLC Live at the Luxor" on Friday night.

❖ NBEO Review Courses are offered for students preparing to take their National Board Exams for only \$10 per course. The benefit of the review courses is that they give the student the opportunity to hear the information from a different perspective that they have before.

❖ In addition, students are welcome to take any course offered to ODs for a reduced fee of \$5 per credit hour.

❖ CIBA Vision will sponsor the AOSA General Session with hypnotist Ricky Kalmon. Students won't want to miss his highly amusing show, as an audience of peers becomes the entertainment.

There are several additional events that

students are also invited to attend. Students won't want to miss out on:

❖ Wednesday Night Welcome Reception:

Jazz Fest – Vegas Style

❖ CE Course 1010, "Our Patient for Life" sponsored by Alcon

❖ Optometry's Meeting™ Opening General Session with Scott Adams, the creator of Dilbert, sponsored by Essilor

❖ Exhibit Hall opening reception, sponsored by Hoya

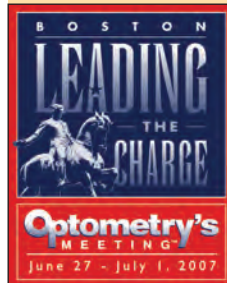
❖ The Contact Lens and Cornea Section Luncheon

❖ The Presidential Celebration, featuring The Beach Boys and the \$500, \$1,000 or \$1,500 PracticePlus® Student Sweepstakes, sponsored by Signet Armorlite.

Visit
www.optometrys-meeting.org
for more information and to register for the meeting.

Call for 2007 courses opens May 1

Plans are already under way for the 110th Annual AOA Congress & 37th Annual AOSA Conference: Optometry's Meeting™ from June 27-July 1, 2007 at the John B. Hynes Veterans Memorial Convention Center-Boston, MA.



The Continuing Education Committee of the American Optometric Association is inviting submissions of optometric, paraoptometric, and optometric student education courses at the 2007 Optometry's Meeting™ in Boston, beginning May 1. Continuing

Education courses will be held from Wednesday, June 27 through Sunday, July 1, 2007.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by July 31, 2006.

To submit a course, visit the AOA Web site, www.aoa.org, and click on the "2007 Call for Courses" icon. Inquiries regarding the Call for Courses can be emailed to: continuing-ed@aoa.org.

Submissions must be completed by July 31, 2006 for consideration. Notification of selected courses will be emailed to all applicants in early fall.

AOA proposes comprehensive bylaws revision, House of Delegates to vote in June

AOA General Counsel Lance Plunkett, J.D., at the request of the AOA Board has reviewed AOA's Constitution and Bylaws and has suggested a major revision to remove inconsistencies, comply with standard practices for similar associations and most important, respond to the requests of AOA affiliates. Following is a summary of the proposed changes. For a full report, visit www.AOA.org.

Constitution

The only two changes to the AOA Constitution are to clarify the process as to how an affiliate is approved by the House of Delegates and to clarify the process for the House of Delegates establishing an AOA Section. Previously, there was no mention of the processes for accomplishing these things.

Membership Classifications

Major changes include the elimination of entire membership categories, and redefining the eligibility criteria for others. The goal is to give the affiliates freedom to choose their own membership categories, instead of having to follow categories forced on them by AOA.

Active members are required to be licensed optometrists (this rule is carried forward for all categories where licensure is relevant and omitted from categories where it is not).

The rule on what is a "principal place of practice" is clarified and it is made clear that where there are multiple practice locations, the

member makes the choice as to which is the principal one.

Partial practice membership is redefined to be based on the number of days worked by the member, a simpler and more comprehensive system than the previous hourly system. An optometrist who works more than three days a week is not eligible for partial practice membership and must pay full dues.

Irrelevant language about "industrial, clinical, or private practice" is eliminated from the Special Class and Optometric Educator categories.

Student members have their grace period shortened to the end of the same calendar year in which they have both graduated and been licensed, and, except for that period of time to the end of the year, new licensees must become affiliate members upon being licensed.

The post-graduate student category has been completely eliminated.

An age requirement of at least 55 years is created for the retired member category. Non-working mothers and others can take advantage of the less than one day partial practice member category, and dues waivers can be granted by affiliates as needed to cover people who might retire before 55.

The Life Member category incorporates both an age requirement of 65 years and a total membership requirement of 35 years, and affiliates are freed from having to parallel this classification.

A new rule is added that allows the age and years of service to be waived for Life

Members if they establish terminal illness or other serious debilitating illness.

Associate member categories have been simplified to three: foreign optometrists, paraoptometrics, and other persons with an interest in optometry.

It is made clear that neither honorary nor associate members can serve as AOA Delegates or as officers or trustees of AOA. This eliminates any chance that a non-optometrist could serve in those capacities.

Dues Classifications

No changes are made to the base dollar amount of dues, which remains at \$611 plus the \$60 special assessment for the Optometry Awareness and Public Affairs Campaign (total \$671). The amendments are carefully designed so that no changes will be required in any affiliate's dues.

The changes are:

- 1) All dues changes made by the AOA Board of Trustees are now to be automatically reported and updated in the AOA Bylaws so that footnotes are no longer needed for the Bylaws. This will make it much easier to keep track of what the AOA Board has done with dues.
- 2) The entire theory of partial-practice member dues is redesigned to be based on the number of days actually worked by the member.
- 3) Special Class Member dues are fixed at 50 percent of AOA dues.
- 4) Also, in general, the ascending and descending dues schedules are eliminated for all categories that receive reduced dues anyway.
- 5) Associate member

dues are set at 50 percent instead of 40 percent. This is to maintain consistency with other reduced dues categories, instead of having unexplained fluctuating schedules.

6) Retired members are not required to pay AOA dues. This change has no effect on affiliates, which are freed to do as they wish in this area.

7) Dues waivers remain the same as the current system, including requiring affiliate approval, with an added provision that in case of a serious disaster, AOA can waive AOA member dues for up to one year in consultation with the member's affiliate.

8) The option to delay the ascending dues schedule is eliminated. Finance reports that no member has ever used this option.

9) Affiliates are freed from having to parallel the ascending dues schedule, which many affiliates find flawed and have asked to have complete freedom to pursue their own ideas.

10) Special class and optometric educator members are not eligible for the descending dues schedule, consistently following other changes that do not permit members who pay reduced dues to get a double benefit from the descending dues schedule. This change does not affect affiliates, which can adopt their own rules in this area for affiliate dues.

11) Proration is permitted for all dues categories, which is a matter of fairness to all members.

12) It is made clear that members are automatically dropped for failure

See Bylaws, next page

Bylaws, from page 12

to pay dues for 18 months, eliminating the current paperwork nightmare imposed on affiliates to fill out cumbersome drop notices. 13) Dues are assessed on a yearly basis, but they may be remitted by affiliates to the AOA on a quarterly basis.

Termination of AOA Membership by the AOA Board

The first change makes it clear that any member can be terminated by AOA when notified by an affiliate of the affiliate terminating the member. This permits AOA to honor all affiliate decisions in this area, instead of being forced to ignore the wishes of the affiliates.

The second change empowers the AOA Board of Trustees to expel any member upon specified conditions, instead of the previous restrictions that gave the Board virtually no power at all in this area except over student, honorary, and associate members. The specified conditions have always been in place in the bylaws and are extreme circumstances that would rarely occur, but if they do occur, it makes no sense to limit them to only students, honorary, and associate members.

House of Delegates

Major changes are made to Article II of the AOA Bylaws to bring consistency and fairness to the delegate and vote counting processes of the House of Delegates. The changes are:

1) The date of the meeting for the House of Delegates is made more flexible so that the

AOA Board of Trustees can pick any month of the year they wish to hold the AOA Congress. Market research shows that it is prudent, in order to attract attendees, to have the ability not to be locked into June. The House of Delegates has always chosen the location of the meeting, and the dates have always been set by the Board of Trustees, so no change occurs in these areas.

2) The delegate count for each affiliate is amended so that every member is counted (active, federal service, partial practice, special class, optometric educator, life, and retired), except student, honorary, and associate members are not counted – with the added provision that full-dues-paying members count as one person (and the ascending and descending dues schedules or dues waivers do not affect this), but that reduced-dues-paying members count as one-half member (partial practice, optometric educator, special class, retired, and life).

3) It is made clear what the deadlines are for affiliates to submit proof of eligible members and dues paid for the purpose of counting delegate strength.

4) Affiliates with less than 50 members receive one delegate. This clarifies a previous ambiguity that left affiliates with 26 to 49 members in limbo as to how many delegates they really should receive.

5) For consistency with the counting procedures, and simplicity of administration, the cut-off date for counting delegate strength is set so as to avoid confusion on what the date will be. Many affiliates have complained that the cur-

rent system has inconsistent dates that illogically straddle accounting quarters.

6) The rule requiring that AOA dues be remitted to AOA within 30 days of the close of the calendar quarter is consistently carried throughout the Article, including in the affiliate certification section.

7) Students remain the same with no changes to their representation.

8) It is made clear that the Credentials Committee settles all disputes as to eligibility of delegates or delegate count, and that its decision is final and not appealable. The Credentials Committee is the logical, impartial body to make such determinations, and this is a normal function in associations for this type of committee.

9) The exact same rules for counting voting strength are implemented for counting delegates.

10) No changes are made to the nominating or resolutions processes.

11) The specific powers of the House of Delegates are spelled out. These include powers that have always been assumed under the bylaws, but were never explicitly set forth as being the province of the House of Delegates, including: amending, creating or repealing the bylaws; approving, rejecting, or revoking affiliates; approving or rejecting the policies of the Board; and appointing special committees of the association.

12) The specific duties of the House of Delegates are spelled out. These include duties that have always been assumed under the bylaws, but were never explicitly set forth as being the province of

the House of Delegates, including: to elect the officers and trustees; to approve the budget; to set the location for the annual AOA Congress; and to receive and act on reports, when appropriate, from various committees established by the House.

Board of Trustees

It is made clear that only a licensed optometrist in good standing may serve as a trustee, and good standing is defined as meaning not being delinquent in any dues obligation under the AOA Bylaws.

The Board is given freedom to schedule its own meetings, eliminating being forced to hold mandatory pre- and post-AOA-Congress meetings that may be unnecessary (although the Board may still desire to hold these meetings anyway for other reasons).

The Board's power to set policies to administer the association is clearly set forth (such policies always subject to the review of the House of Delegates).

Previously, there was no clear statement empowering the Board to adopt such policies, although they have clearly been doing so throughout the history of AOA, and the association could not function without this ability.

Officers

Only one change is made to Article IV of the AOA Bylaws concerning officers. It is to clarify that the AOA president can appoint project teams and task forces, as well as committees.

The bylaws changes will be voted on at Optometry's Meeting™.

Fungus,

from page 1

the CDC and public health authorities in 17 states. Federal and state health officials have interviewed 30 of those patients. Of the 28 who wore soft contact lenses, 26 reported using Bausch & Lomb's ReNu® brand or a generic brand manufactured by Bausch & Lomb.

AOA optometrists are taking an active role in reporting their cases to the CDC and the FDA, where all eye doctors are strongly urged to report diagnosed cases of *Fusarium* keratitis.

"Patients should be concerned but not alarmed, as the number of patients affected is still relatively small," said Arthur Epstein, O.D., chair of the Contact Lens and Cornea Section.

"However this is a serious infection that can cause permanent loss of sight. Some patients have reported a significant loss of vision and have undergone corneal transplants. With recent increases in confirmed cases and cases being investigated, it is crucial that the public and eye care professionals are aware and remain vigilant to quickly diagnose and initiate treatment of this serious eye disease."

U.S. health officials say the investigation is still in the early stages; however, optometrists are cautioning contact lens wearers to be on alert after a recent similar outbreak of severe corneal infections in Asia. According to the CDC, in February, Bausch & Lomb voluntarily withdrew sales of its ReNu® contact lens solution in Singapore and Hong Kong after 39 cases were reported in Singapore.

"It is important that contact lens users seek proper medical atten-



AOA Officers and Trustees, and AOA Contact Lens and Cornea Section (CLCS) leaders discuss developments in fungal keratitis cases on Friday, March 31. From near left, and going clockwise: AOA Secretary-Treasurer Peter H. Kehoe, O.D.; AOA Vice President Kevin Alexander, O.D., Ph.D.; AOA Immediate Past President Wesley Pittman, O.D.; AOA CLCS Chair-Elect Jack Schaeffer, O.D.; AOA CLCS Chair Arthur Epstein, O.D.; AOA President-Elect C. Thomas Crooks, III, O.D.; AOA President Richard Wallingford, O.D.; AOA Trustee Randolph E. Brooks, O.D., and AOA Director of Communications Stephen M. Wasserman.

tion immediately if they notice changes to their eyes or vision," said Dr. Epstein.

An unusual spike in the number of reported cases of keratitis caused by the *Fusarium* fungus has placed optometric expertise in lens care on the media spotlight.

Leaders of the AOA Contact Lens and Cornea Section have been speaking out, urging contact lens wearers to take proper precautions and use proper hygiene.

Optometrists in Florida and Iowa have reported seeing similar cases in patients.

Health officials have not yet determined whether the cases in the United States are directly related to outbreaks in Asia. Treatment for *Fusarium* keratitis includes anti-fungal medication. However, some patients have experienced a significant loss of vision, resulting in the need for a corneal transplant.

"We want to make sure Americans are taking the necessary precautions to protect themselves in this interim period as information becomes available," said AOA President Richard L. Wallingford, O.D. "It is imperative that contact lens users practice safe handling of their contact lenses, are aware of any potential vision problems and alert their optometrist as they occur."

CDC, from page 1

"The majority of patients have yet to be interviewed; however, of 30 patients for whom complete data were available, the median age was 48 years (range: 13–83 years), and 21 (70 percent) were female; infection onset occurred during June 15, 2005, and March 18, 2006," according to a CDC snapshot.

Among other findings by the CDC:

- ❖ Twenty-eight patients (93 percent) wore soft contact lenses, and two (7 percent) reported no contact lens use.

- ❖ Among contact lens users, 26 (93 percent) remembered which solution they used during the month before infection onset or had retained the actual bottle.

- ❖ Of these, 26 (100 percent) reported using a Bausch & Lomb ReNu brand contact lens solution or a generic-brand solution manufactured by Bausch & Lomb.

- ❖ Patients reported using various ReNu product types from multiple product lots.

- ❖ Five (18 percent) patients reported using other solutions in addition to the ReNu solution, including solutions made by Advanced Medical Optics, Inc. and Alcon.

- ❖ Nine (32 percent) patients reported wearing contact lenses

overnight.

- ❖ Eight (29 percent) required corneal transplantation.

- ❖ The annual incidence of microbial keratitis is estimated to be four to 21 cases per 10,000 soft contact lens users, depending on overnight lens use.

- ❖ Fungal keratitis is a condition more prevalent in warm climates. In the southernmost United States, fungal keratitis comprises up to 35 percent of microbial keratitis cases compared with 1 percent in New York. The proportion of fungal keratitis due to *Fusarium* also varies by region, from 25 to 62 percent.

Laboratory testing to evaluate product contamination, including typing of *Fusarium* isolates, is ongoing, according to CDC.

An ongoing investigation by CDC, state and local health departments, and the Food and Drug Administration is under way to determine whether this cluster represents an increase of *Fusarium* keratitis infections and to determine the association, if any, of these cases with any product.

Epidemiologic and laboratory studies will help define specific activities, hygiene practices, or products that place persons at increased risk for *Fusarium* keratitis.

Management of Fungal Keratitis



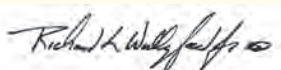
An infected cornea.
Photo by Christine W. Sindt, O.D.

AOA President's Message

The leadership of AOA and the Contact Lens and Cornea Section would like to take this opportunity to educate our colleagues on the recent outbreak of *Fusarium* keratitis and the steps necessary to handle questions and concerns to ensure our patients' eye health is protected.

Fungal keratitis has classically been thought of as a rare opportunistic infection involving trauma from organic matter, or immuno-compromised individuals. Recently, there have been a number of cases reported worldwide in young healthy contact lens wearers. At this time, it is unclear why this increase in incidence has occurred, and it is being investigated by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration.

AOA believes contact lenses are medical devices that need to be regulated and overseen by properly trained medical professionals. Only an eye doctor can give patients the supervision, attention and counseling appropriate for healthy contact lens wear. For this reason, our profession is working hard to maintain the public's trust through appropriate prescribing, education and follow up, which include the latest, most comprehensive clinical skills. AOA and the Contact Lens and Cornea Section will keep optometry apprised of information as it becomes available.



*The council members of the AOA CLCS have literally been working day and night to bring you the most updated information regarding the *Fusarium* keratitis investigation.*

While this outbreak is unfortunate, it gives us a unique opportunity to connect with our patients to emphasize that contact lenses are medical devices.

If you have a suspected case, please report it using this link: www.aoa.org/x5119.xml or following the icon at right.

Please feel free to address the council if you have questions regarding this, or any other, contact lens or cornea question.

*Sincerely,
Christine W. Sindt, O.D.
CLCS Council Member*

Office Procedures/ Patient Counseling

*by Mark Ventocilla,
O.D.*

Staff

Educate your staff about fungal keratitis. Be certain they know to investigate the Key Symptoms with any possible red eye patient and schedule them for an appointment with you STAT.

Remind your staff that they may be getting questions from patients both in the office and on the telephone. It is always good to prepare the staff for these inquiries. Sometimes this is most effective through scripting answers to common questions.

Office procedures

We should use this opportunity to educate our patients about proper contact lens wear. It is most important to educate our patients about proper wearing schedules. Replacing the lenses on the required date or doctor-prescribed schedule is always the best technique for the prevention of ocular complications.

1. Review your in-office dispensing policies to make sure they are complete and up-to-date.
2. It is always best to put it in writing and have the patient sign the dispensing instructions.
3. Meet with your staff to enact all the new issues and plans.



For the latest information or to report cases, visit www.aoa.org and look for this icon.

Continued on next page

Office Procedures/Patient Counseling

Responding to Media Inquiries

Your local media may approach you for comment. Explain that contact lenses remain a safe and effective way to correct vision; contact lens non-compliance is the major cause of most contact lens-related infection, fungal or bacterial. As optometrists, we are educating our patients on how to prevent this problem by reviewing the “basics of contact lens care.” If someone feels they might have a problem, they should contact their optometrist without delay.

You may also be asked to comment on the source of this outbreak. At this time, a vector has not been firmly determined. We look to the CDC and FDA to investigate this outbreak and will advise our patients accordingly once a source has been confirmed.

Contact Hill and Knowlton for media support and quick talking points.
Liz Dvorachek
(312) 255-3036 or
ldvorachek@hillandknowlton.com
Ken Chitester
(312) 475-5980 or
kchitester@hillandknowlton.com

Possible patient questions that should have a scripted answer for accuracy.

What is a fungal ulcer?

Fungal keratitis is a serious and painful corneal disease caused by a fungal organism. Until now, fungal keratitis has rarely been reported in the healthy contact lens wearing population.

It typically occurs after trauma associated with plant matter or in immuno-compromised individuals. The higher incidence of fungal keratitis among normal contact lens wearers is a new finding.

Is my solution OK? Should I change brands?

The cause of this problem may be very complex and multi-factorial.

The CDC is reviewing all reported cases. While the investigation is ongoing, Bausch & Lomb has stopped shipment of ReNu® MoistureLoc™ in the U.S., asked practitioners to stop dispensing it and asked retailers to remove it from shelves.

Doctors should apply clinical judgment and the most current information when deciding on appropriate recommendations regarding lens care product use.

Is there an increased risk of infection with my contact lenses?

There is always a risk of infection when contact lenses are worn, although the risk is very small. Following the “basics of contact lens care and wear” listed in the next section will minimize potential risk. Contact lenses remain a safe and effective form of vision correction.

What should I do if I think there is a problem?

Anytime you think you may have an eye-related problem, you should call your optometrist immediately. Your eye doctor is well trained to diagnose and treat potential problems.

How will I know if there is a problem?

Contact your doctor immediately if you experience:

- ❖ Sudden blurred or fuzzy vision.
- ❖ Red/irritated eyes lasting for an unusually long period of time after removal of the contact lens.
- ❖ Pain in and around the eyes.
- ❖ Increased sensitivity to light.
- ❖ Excessive eye tearing or discharge.

Note: This section may be reproduced as you see fit.

Contact lens dispensing process:

Your patients may hear about fungal keratitis from the media and will look to you for answers. Stress to your patients that the best defense is prevention. At a minimum, this includes the Basics of Contact Lens Care:

1. Replace your lenses, using your doctor’s prescribed schedule.
2. Do not share your contact lenses with another person.
3. Do not sleep in your contact lenses if your doctor has not prescribed continuous wear lenses.
4. Always wash your hands before handling contact lenses.
5. Carefully and regularly clean contact lenses, as directed by your optometrist. If recommended, rub the contact lenses with fingers and rinse thoroughly before soaking lenses overnight in suffi-

cient disinfecting solution to completely cover the lens.

6. Store lenses in the proper lens storage case and replace the case every three months. Clean the case after each use and keep it open and dry between cleanings.

7. Use only products recommended by your optometrist to clean and disinfect your lenses. Saline solution and rewetting drops are not designed to disinfect lenses.

8. Contact lens solution should be discarded upon opening the case, and fresh solution should be used each time the lens is placed in the case.

9. See your optometrist regularly for a contact lens evaluation.

10. If you experience RSVP (redness, secretions, visual blurring or pain), return to your optometrist immediately.



Fluorescein pattern showing the fungal keratitis to be progressing.

Clinical Management of Fungal Keratitis

By Muriel M. Schornack, O.D.

In the United States, most cases of microbial keratitis are caused by bacteria. Strategies for the diagnosis and management of bacterial keratitis are well-defined, and most cases of bacterial keratitis resolve without significant visual loss.

Fungal keratitis is relatively rare in the United States, although it accounts for up to 50 percent of ulcerative keratitis elsewhere in the world.

Optimal diagnostic and management strategies have yet to be defined for fungal keratitis. Treatment can be protracted, and visual outcomes are frequently disappointing.

Although initial clinical pictures of bacterial keratitis and fungal keratitis are similar, optometrists should be aware of the unique features of fungal infections.

Prompt diagnosis and initiation of appropriate therapy may limit visual and ocular morbidity.

The most virulent form of fungal keratitis is caused by *Fusarium solani*, the type of fungus associated with the recent outbreak in contact lens wearers.

F. solani can

remain unchanged or actually progress in the presence of antifungal agents, necessitating surgical intervention. If the infection does respond to antifungal medication, prolonged treatment is often necessary.

Lengthy antifungal treatment may cause hyperemia, pseudomembrane formation, lid maceration, punctate epithelial erosions and delayed epithelialization.

Doctors should always have fungal keratitis in the differential diagnosis of any non-therapy responding keratitis reaction. Due to the protracted course of treatment and the potential for severe visual loss, doctors should consider a consultation with a trained specialist.

Initial Presentation:

- ❖ Pain
- ❖ Photophobia
- ❖ Injection
- ❖ Discharge
- ❖ Tearing

Case History:

- ❖ Patient assessment of the degree of symptoms. Fungal keratitis may be particularly painful, compared to a CL-induced peripheral ulcer.
- ❖ Duration of symptoms. Fungal keratitis can develop slowly or progress quite rapidly.

- ❖ History of trauma. Particularly if vegetative matter was introduced into the eye.

- ❖ Prior therapy. Note if they have been treated with other therapeutic agents (antibacterial, steroids).

Patients who have not responded to antibiotic therapy should be suspected of having a fungal infection.

- ❖ Prior corneal surgery. Like trauma, refractive surgery or keratoplasty may open the eye barriers to opportunistic infection.

- ❖ Pre-existing ocular surface disorders. The tears have natural antimicrobial agents. In cases of dry eye, the natural barriers of tears and epithelium may be broken down.

- ❖ Systemic disease or immunosuppression

- ❖ Contact lens experience. Note type of lens worn, frequency of replacement, disinfection system, and wearing schedule.

Clinical Examination:

- ❖ Conjunctival injection
- ❖ Corneal infiltrate
 - Size (Large size at the time of diagnosis may be a risk factor for a poor visual outcome).
 - Shape (Feathery borders and satellite lesions are suggestive of fungal etiology).

- Color (Fungal lesions are typically grayish white).

- ❖ Overlying epithelium. Epithelium may be raised, but intact, over the infiltrate. An epithelial defect also may be present. It may have an atypical appearance possibly mimicking herpes simplex keratitis, *acanthamoeba* keratitis or other infections.

- ❖ Anterior chamber reaction. Hypopyon may be present.

Initial Management:

- ❖ Exact etiology may be unclear at the initial evaluation. Initiating empiric antibiotic therapy would be advisable unless a fungal etiology has been established with certainty. Up to 30 percent of cases of fungal keratitis may have associated bacterial co-infection.

- ❖ In some cases, the patient may have been previously treated with topical antibiotics, corticosteroids, or antiviral agents. If previous treatment has been ineffective in reducing the severity of the ulcer, fungal etiology should be considered.
- ❖ Obtain corneal scrapings for cul-

Continued on next page

Clinical Management, continued

tures and smears from the base of the ulcer.

Cultures may be positive in up to 90

percent of initial scrapings- some reports suggest a lower yield.

If cultures are negative in spite of strong clinical indications of fungal infection, corneal biopsy may be considered. Confocal microscopy may also be used to establish a diagnosis.

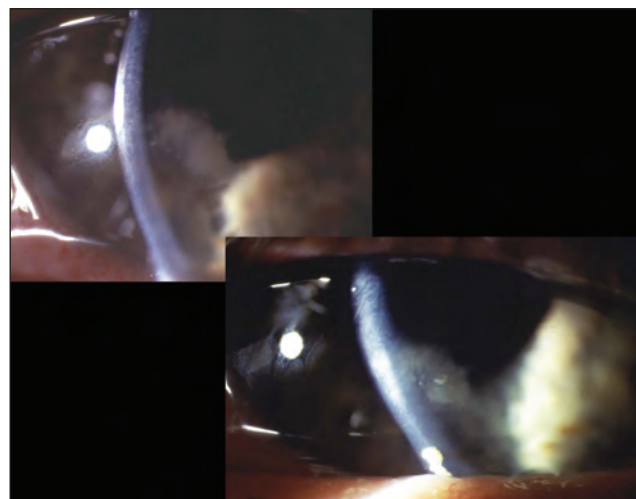
Scraping the cornea may increase the efficacy of the antifungal medication.

❖ Corticosteroids are contraindicated in active fungal keratitis. Most antifungal agents are fungistatic rather than fungicidal, and the use of corticosteroids will reduce the patient's ability to eliminate the infection and will likely worsen the infection.

❖ If smears or cultures indicate a fungal etiology, begin medical therapy.

Natamycin 5 percent: generally used as first-line therapy, topical administration, most effective in superficial lesions, may be more effective against *Fusarium* than *Aspergillus*.

Amphotericin B: 0.15-0.30 percent topical preparation (not commercially available), also may be administered by intravenous, intracameral, and intravitreal routes, may reach fungicidal concentrations,



The cornea with *Fusarium* keratitis shows a definite stromal infiltrate with a dirty white, cotton-like appearance. This corneal lesion is one that should be cultured. Stereoscopically, the corneal lesion is slightly elevated (not eroded). Note the wispy borders of the lesion. Photo provided by Ron Melton, O.D.

treatment of choice against *Candida*.

Miconazole: 1 percent topical administration, may reach therapeutic levels in the cornea after subconjunctival injection.

Ketoconazole: well-absorbed with oral administration.

Itraconazole: primarily used as an oral agent, poor penetration into ocular tissues.

Fluconazole: good penetration into ocular tissues with oral administration, potentially useful as a topical agent (0.2 percent), may not be effective against filamentous fungal keratitis.

Voriconazole: Has a specific, FDA indication for invasive *Fusarium* spp and can be formulated as a topical solution (10 mg/mL) from the IV medication.

❖ Expect a protracted clinical course. Patients may require hospitalization.

Combinations of

topical and oral therapy may be necessary to limit damage due to infection.

❖ Surgical intervention may be necessary if keratitis continues to progress despite maximal medical therapy. Corneal transplantation or patch graft may be necessary if perforation is likely.

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B&L suspends U.S. ReNu shipments

On April 10, Bausch & Lomb announced that it is "temporarily suspending U.S. shipments of ReNu® with Moisture-Loc® produced at its Greenville, S.C., manufacturing facility in order to facilitate the further investigation of reports of fungal keratitis infections among contact lens wearers in the United States." This does not affect any other Bausch & Lomb products.

On April 13, to "eliminate confusion among your patient base as to the safety of our product," Bausch & Lomb's requested that practitioners "stop dispensing U.S. manufactured ReNu with MoistureLoc until the investigation is completed."

The company has also asked retailers to remove the product from shelves.

The company is also offering a coupon for a free 12 ounce bottle of Renu MultiPlus or ReNu Multi-Purpose Solution, or offering to refund the money of people who return bottles of ReNu with MoistureLoc at www.Bausch.com/ReNu.

The company is planning an advertising campaign in major newspapers. Its stock price has dropped to a two and a half year low in the wake of reports of *Fusarium* infection.

Getting in touch with AOA

AOA's volunteer structure is supported by 96 staff. For more information on AOA's programs and services, you may contact the staff at the following numbers.

Accounts Payable
800-365-2219 x4248
Accounts Receivable
800-365-2219 x4239
Accreditation Council on Optometric Education
800-365-2219 x4246, x4223 or x4262
JLUrbeck@aoa.org
WJRedd@aoa.org
TAWirth@aoa.org
Address Changes
800-365-2219 x4112
(Leave message)
AddressChange@aoa.org
AOA News
800-365-2219 x4216
RAFoster@aoa.org
RFPieper@aoa.org
TLOverton@aoa.org
AOA Political Action Committee
703-739-9200
NBrazil@aoa.org
Aviation Vision
800-365-2219 x4244
JLWeaver@aoa.org
Awards (Member Records)
800-365-2219 x4238
MemberServices@aoa.org
Career Guidance
Materials
800-365-2219 x4260
SKMeyer@aoa.org
Children's Vision Topical Interest Group (TIG)
800-365-2219 x4225
SDBrown@aoa.org
Classified Advertising
212-633-3986
K.Spurlock@elsevier.com
Clinical Care Information
800-365-2219 x4209 or x4244
HNJohnson@aoa.org
JLWeaver@aoa.org
Clinical Practice Guidelines
800-365-2219 x4237 or x4244
BTKowalczyk@aoa.org
Commission on Paraoptometric Certification
800-365-2219 x4135, x4210
DMByrd@aoa.org
SAllderson@aoa.org
Communications Group
800-365-2219 x4212
SMWasserman@aoa.org
Contact Lens and Cornea Section
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LJRickard@aoa.org
Continuing Education: Opt. CE-Other Assns.
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Credits-AOA CE
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Council on Research
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Diabetes Initiative - CMS
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Endowment Fund
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Environmental/ Occupational Vision
800-365-2219 x4244 or x4209
JLWeaver@aoa.org
Ethics and Values
800-365-2219 x4232
LPCarslick@aoa.org
Event Calendar
EventCalendar@aoa.org
Eye Care Benefits
703-739-9200
TWeaver@aoa.org
Federal Government Relations Center
703-739-9200
JFHymes@aoa.org
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800-365-2219, x4245 or x4244
JLWeaver@aoa.org
InfantSEE™
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800-678-9262
TWeaver@aoa.org
Keyperson Program
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Legal Aspects of Practice
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EAOrtmann-Vincenzo@aoa.org
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800-365-2219
Information and Loans
x4117, 4118, 4102, or 4104;
Calendar of Meetings x4117
Visionlink x4102
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TWeaver@aoa.org
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SLThomas@aoa.org
Medicare Coding
703-739-9200
Medicare Policy
703-739-9200
KHipp@aoa.org

Member Records (AOA)
800-365-2219 x4131
MemberRecords@aoa.org
Member Services
800-365-2219 x4238, x4111
MemberServices@aoa.org
Memorials and Tributes (Book of Memory)
AOA Endowment Fund
800-365-2219 x4134
LABoyland@aoa.org
Museum
800-365-2219 x4102
LJDraper@aoa.org
National Diabetes Month Program (November)
800-262-3947 (Nov.)
AmOptCOR@aol.com
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Ophthalmic Standards
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Optometric Leadership Institute
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LMBaumstark@aoa.org
Optometric Recognition Awards (ORA)
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Optometry's Meeting™
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SASmith@aoa.org
Exhibits
800-365-2219 x4255
KERodrigue@aoa.org
Student Programs
800-365-2219 x4251
LLTeasdale@aoa.org
Optometry's Career Center® (OCC)
800-365-2219 x4107 x4111
OCC@aoa.org
Order Department
To Place An Order:
800-262-2210
Business Cards/Office Forms:
800-365-2219 x4132
JRPayne@aoa.org
Payment Inquiries:
800-365-2219 x4239
Paraoptometric Section
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TLRemington@aoa.org
Pediatrics/Binocular Vision
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JLWeaver@aoa.org
Practice Assistance Program
800-365-2219 x4151
LDSmith@aoa.org
Practice Management Materials
800-365-2219 x4151
LDSmith@aoa.org
Practice Strategies
800-365-2219 x4267
RFPieper@aoa.org

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KHipp@aoa.org
Public Health Issues
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Public Relations
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SLThomas@aoa.org
Refractive Surgery Topical Interest Group (TIG)
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Quality Assessment and Improvement
800-365-2219 x4237
BTKowalczyk@aoa.org

Direct lines to AOA:

A new phone system allows AOA members to reach AOA staff directly. For St. Louis staff, dial 314 983-XXXX, where the four digits are the four digit extension code listed.



Save Your Vision Month
800-365-2219 x4176
JMMahoney@aoa.org
Seal of Acceptance
800-365-2219 x4244 or x4209
HNJohnson@aoa.org
JLWeaver@aoa.org
Sports Vision Section
800-365-2219 x4107
DBKincaid@aoa.org
State Licensure/ State Optometry Laws
800-365-2219 x4266 or x4236
SLCooper@aoa.org
Student and Faculty Programs
800-365-2219 x4106
LWBergman@aoa.org
Surveys
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Memberservices@aoa.org
Third Party Issues
703-739-9200
TWeaver@aoa.org
Travel Reimbursement
800-365-2219 x4239
VAN - Vision Awareness Network (formerly AFVA)
800-365-2219 x4226
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800-365-2219 x4261
VISIONUSA@aoa.org
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800-365-2219 x4219
GCWilton@aoa.org

Calling AOA? Help us serve you better.

When calling, if you leave a message be sure to include information on whether the number is for your home or office and from what time zone you are calling. Better, include information on the best time for AOA staff to return your call.



Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

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Optos

Signet Armorlite

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon, division of Johnson & Johnson Vision Care

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

Industry Profile: Essilor

Mike Daley, president, Essilor Lenses

With the successful launch of Varilux Physio 360°™ and Varilux Physio™, Essilor of America has once again revolutionized the ophthalmic lens industry. Along with introducing breakthrough technology, Varilux is committed to developing in-depth training programs to help eye care professionals understand and promote new products and technologies, and as always, our ultimate goal is to provide patients with improved vision.

To create Varilux Physio 360° and Varilux Physio, Essilor leveraged a patented new design and manufacturing process to introduce W.A.V.E. Technology™: Wavefront Advanced Vision Enhancement to progressive addition lenses (PAL). W.A.V.E. Technology minimizes and even eliminates distortions caused by higher order aberrations that are inherent to conventional progressive lenses. Varilux engineers analyze the entire beam of light entering the pupil—not just a single ray—and identify distortion and compensate for it. This controls the quality of the wavefront passing through the lens to achieve optimal acuity. W.A.V.E. Technology uses patented, proprietary software in the both lens designs to scan the entire surface of the lens, calculating the targeted optical function for each gaze direction. With Varilux Physio 360°, vision is further enhanced by correcting the back surface of the lens for traditional surfacing errors.

Previously only available on Varilux Physio 360° and Varilux Physio, Varilux® Ipseo™, the industry's first personalized progressive addition lens, is now also enhanced with W.A.V.E. Technology. Varilux Ipseo combines "individualization" with W.A.V.E. Technology to create the ultimate progressive lens. Varilux Ipseo is the world's first PAL to integrate the physiological measures of an individual's head and eye movement and prescription parameters into a lens design for a completely custom-made PAL. Varilux Ipseo is a unique lens designed for each presbyope that adapts to the wearer, rather than the wearer having to adapt to the design.

Through training and education, Varilux is dedicated to helping eye care professionals provide leading-edge solutions and care for their patients. Essilor is proud to offer educational opportunities for eye care professionals and is currently developing Council on Optometric Practitioner Education (COPE) and Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) approved courses in a home study version. Essilor plans to release this program on a CD later this year. This home study course will include information on the latest in lens and wavefront technologies. For more information, eye care professionals should contact their Essilor Brand Sales consultants.

For more information about Varilux, please visit www.Varilux.com or www.EssilorUSA.com.

Essilor of America is a proud participant of the AOA Ophthalmic Council.

Thin&Lite® and Airwear® progressive lenses are proud to have the AOA Seal of Approval.

Vistakon designs new CL sampling program aimed at teens

Vistakon is introducing a first-of-its-kind contact lens sampling program designed to help teens overcome their fears and bring new contact lens wearers into optometric practices.

The program features Hydraclear Touch, a square, flat piece of tinted material that is soft, thin and moist and is intended to feel just like an Acuvue Brand contact lens made with Hydraclear technology.

Non-contact lens wearing teens said their biggest reasons for not trying contact lenses were "pokaphobia," the fear of putting something in their eye, (54 percent identified) and worries that contact lenses would be uncomfortable or difficult to insert and remove (45 percent identified) in a study conducted on behalf of Acuvue Advance contact lenses with Hydraclear.

Hydraclear Touch allows potential contact lens wearers to understand how a contact lens feels before getting a

real lens to put on their eye.

Sixty percent of non-wearers who felt the Hydraclear Touch said they are more willing to try contact lenses, according to Vistakon.

Alex Murrel, or "Alex M," from MTV's *Laguna Beach* is helping to promote the new technology.

Murrel is an Acuvue Advance wearer and made the switch from spectacles to contact lenses six years ago at age 12.

"Although I knew that contact lenses were the right choice for me, I was still afraid to put my finger so close to my eye and I was worried that once I got the lenses in, they would not be comfortable," she said. "After the first few times, I got used to it and couldn't believe that I let that fear hold me back."

For more information, visit www.hydraclear.com.

Optometrists can contact their Vistakon sales representative for a Hydraclear Touch sample.



This spring, Safilo USA introduces the JLO by Jennifer Lopez line of prescription eyewear with stylish frames. Sophisticated shapes are combined with unique detailing including lace, studs, and marble effects.

Industry News

Program combines lens solutions, designer sunwear

Safilo USA and Carl Zeiss Vision combined efforts to offer the PrescripSun Certified Sunwear Program.

The program features a range of certified lens solutions designed by Carl Zeiss Vision for Safilo brand designer wrap sunglasses.

"Safilo is excited to be a part of this program with Carl Zeiss Vision," said Timm Parker, director of product development for Safilo USA. "This program will increase the designer fashion options for the customers that



The PrescripSun Certified Sunwear Program includes frames from designers such as Gucci. Shown is style 1827S.

need prescription lenses."

There are more than 100 Safilo styles pre-certified by Carl Zeiss Vision for use of its proprietary Spazio™ lens technology.

Fitting a standard 8-base prescription to a

wrap frame creates blur and reduces optical performance, but Spazio lenses are designed to correct unwanted aberrations and deliver optical performance.

Carl Zeiss labs will replicate the original Safilo designer frame

lens, matching the color.

PrescripSun Certified wrap frames are available in styles from Carrera, Dior, Emporio Armani, Giorgio Armani, Gucci, Kate Spade, Marc Jacobs, Valentino, and Yves Saint Laurent collections.

To participate in the PrescripSun program, order an approved frame from Safilo, and it will be directly shipped to the dispenser's Carl Zeiss Vision lab. Then place the prescription order with the lab and indicate that it is part of the PrescripSun program with special program pricing.

For more information, visit www.PrescripSun.com.



Shamir announces new lens, promotion

Shamir Insight, Inc. introduced its Freeform® family of products as well as a promotion for eye care professionals at Vision Expo East last month.

Engineers using Freeform Technology® can create finished and semi-finished lenses to a highly stringent level of optical accuracy (1/100 diopters).

Shamir generated two new products using the technology: Shamir Creation® and

Shamir Autograph®.

Shamir Creation features an extended base curve selection and a noticeably flatter lens.

"Previous technology of semi-finished PALs required the use of molds," said Carmen Renschler, vice president of sales. "Freeform Design enables the creation of a six times more accurate semi-finished mold. As a result, patients enjoy a near-perfect rendering of the optical design."

Shamir Autograph combines patients' unique requirements to form custom-made personalized lenses with wider fields of vision through all zones of the lenses by bringing fields of vision closer to the eye.

Shamir also announced a promotion in which a total of 167 eye care professionals will win \$1,000 each.

To participate in the promotion, visit www.167superlite.com, fill

Polycore launches new progressive lens

Polycore Optical USA announced the introduction of the Futurise polycarbonate progressive this month.

Futurise is marketed as the "Intelligent Progressive Lens" because of its design features and value, the company said.

The progressive lens has a flat aspheric design with wide distance and reading areas. There is very little distortion below the

180° line.

The lens optimizes the intermediate and reading areas throughout the base and add ranges.

With a recommended fitting height of 18mm, Futurise is a good general purpose progressive suitable for most frame styles, according to Polycore Optical USA.

"Futurise in polycarbonate rounds out our progressive line-up in all materials offered

by Polycore," said Greg Rook, vice president of sales and marketing.

"It's a great design, same as in our clear plastic, SunSensors, and SunClear polarized lines."

"With today's consumers expecting more for their money, Futurise in polycarbonate is a great value, matching big brand name progressive quality without the expensive price tag."

Essilor awarded AOA Seal of Acceptance

The AOA Commission on Ophthalmic Standards awarded Essilor the Seal of Acceptance for additional products in the UV Absorbers/Blockers category on March 31.



The Varilux® progression addition lenses (PALs) made of Airwear® polycarbonate, Comfort™, Ellipse™, and Panamic™, along with Essilor Ovation™, Adaptar™, and Natural™, were determined to have met all requirements for the seal.

Specifications for the Seal of Acceptance cover blocking UVA and UVB, as well as radiant energy.

"Essilor is thrilled to receive a Seal from the AOA for the second time. Airwear joins Thin&Lite 1.67®, which received the AOA Seal of Acceptance for Ultraviolet Absorbers/Blockers last year," said Carl Bracy, vice president of marketing for Essilor of America. "The Seal helps eye care professionals assure patients that they are offering the best the industry has to offer."

In addition to UV protection, the Airwear lenses are 43 percent lighter and 10 times more impact resistant than standard plastic lenses, according to Essilor.

For more information, visit www.essilorusa.com.

Transition surveys yield surprising data on UV decisions

30 percent of consumers not interested in UV protection

Nearly four years following a similar survey, a new research study sponsored by Transitions Optical, Inc. reveals that consumers remain largely unaware of the sun's danger to their eyes.

The new survey results show that while 82 percent of respondents know that extended exposure to the sun can cause skin cancer, only 9 percent know it can harm the eyes.

Compared to the 2002 survey results, knowledge about the harmful effect of the sun has increased 3 percent for both the skin and eyes.

"It is encouraging that more consumers are aware that the sun can damage the eyes, but the awareness gap signals the continued need

for education," said Carole Bratteig, manager of education and training for Transitions. "Clearly consumers understand the need to

"A three percent increase in four years may not seem like a lot, but it represents more than six million consumers. This increase in awareness is a start, but clearly we have a long way to go."

protect their skin – together as an industry we need to help them make the leap to protecting their eyes as well."

Notably, according to Bratteig, the study uncovered significant apathy among a large portion of consumers related to their eye health, with 30 percent of prescription eyeglass lens wearers saying that it was "very unlikely" they would get UV blocking lenses.

Concern over cost was not the culprit behind this response. Only 19 percent said the decision to get UV blocking lenses would

depend on price.

"These extreme responses by such a large number of prescription eyeglass wearers is a red flag that they simply do not understand the importance of preventative eyewear for their long-term vision protection," Bratteig added.

Transitions said the findings will be used to augment Transitions' consumer outreach campaign.

"A three percent increase in four years may not seem like a lot, but it represents more than six million consumers. This increase in awareness is a start, but clearly we have a long way to go," said Bratteig.

Adults more likely to buy UV protection for themselves than children

Highlighting the necessity to educate parents on the need for UV protection for the eyes, a recent survey sponsored by Transitions Optical, Inc. found that parents were half as likely to "always" choose UV blocking lenses for their children as adults would be for themselves.

The survey, which explored the attitudes of parents who have children that wear prescription eyewear, also found that one-third of parents were "very unlikely" to get UV blocking lenses for their children.

"These responses are quite startling, but no one questions that parents want what's best for their children, and this includes long-term eye health," said Bratteig. "The findings point to the obvious low awareness among parents of the importance of selecting UV blocking eyewear today to help preserve their children's vision for the future."

According to the survey, 31 percent of parents said that their purchase of UV blocking lenses for their kids would depend on price, while 11 percent said it would depend on how much time they thought the glasses would be worn outdoors.

Bratteig added, "There is a perception that children lose or grow out of their lenses sooner than adults, which may explain why parents are more price-sensitive when selecting their children's eyewear. However, given that children's eyes are more vulnerable to UV radiation, and that an estimated 80 percent of lifetime sun exposure occurs before age 18, UV blockage is a must-have for all children's eyewear."

To aid in eye care professionals' efforts to educate parents about the need for UV blocking lenses for their children, Transitions Optical says it remains committed to its Eye Didn't Know That! youth education program and is planning expansions to the eyedidntknowthat.com Web site and school program in 2006.

New in Practice — Panel of Experts Series



Bolster your confidence and practice management savvy by attending the New in Practice – Panel of Experts Meeting™ in Las Vegas, Nevada on June 24, 2006. Based on the new practitioner series offered in the past, panels of experts will discuss a range of popular practice management topics that impact optometrists just starting their careers or preparing to change practice settings.

This program is available thanks to a generous grant given by CIBA Vision, a Novartis Company.

Sign up for one or more sessions:

- Billing and Coding, Course # 0300 (Fee \$10)
- Staff Management, Course # 0310 (Fee \$10)
- Financial Management, Course # 0320 (Fee \$10)
- Contracts and Leases, Course # 0330 (Fee \$10)

AOA member and non-member ODs may pre-register for one or more sessions. Students may sign up to attend one or more course sessions on-site at the course room location on June 24 based on availability.

Register at www.optometrymeeting.org

Or for additional information, contact LDsmith@aoa.org or 1-800-365-2219, extension 151

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June 21-25, 2006

Optical Connection, Inc. reveals launch plans for Definition Wavetouch™ contact lenses

Optical Connection, Inc. at International Vision Expo East described the upcoming market launch of Definition Wavetouch Contact Lenses.

"This is the first truly Wavefront-guided soft lens product that will be manufactured for each patient based on individual aberrometry readings taken in the doctor's office," said Vincent Zuccaro, O.D., president and CEO of Optical Connection, Inc.

The company is planning on marketing the lenses worldwide in the second quarter of this year. "To date, we have had very remarkable results with Definition Wavetouch. In a recent 39 eye study, 85 percent of the patients had improvement over their previous best corrected vision . . . and that was with the first lens," said Dr. Zuccaro. "This study was completed to finalize the certification of three available aberrometers for use in providing the necessary data to produce Definition Wavetouch.

"We have successfully manufactured Definition Wavetouch lenses with three different aberrometers, made by Marco, Ophthonix and Topcon," added David Israel, senior vice president of Operations and New Business Development. "We have active certification ongoing with three other aberrometer companies at this time, and each offers its own unique benefits to the practitioner. By having multiple aberrometers capable of providing us the information to manufacture Definition Wavetouch lenses, the practitioner will be able

to select a unit which best fits his or her practice needs."

Also introduced at the New York press conference was the logo and packaging for Definition Wavetouch.

Each package dispensed to patients will contain:

- ❖ An annual supply of planned replacement Definition Wavetouch lenses

- ❖ A patient information booklet explaining lower and higher order aberrations

- ❖ An identification card for patients that will contain the information pertinent to their individualized prescription, while directing them to their dispensing practitioner for questions and follow-up care.

"Definition Wavetouch contact lenses will allow the practitioner to prescribe the most individualized vision correction available for patients today. The packaging and the product will both reinforce the importance of the doctor/patient relationship by providing the best in contact lens wear," stated Kevin Bligh, senior vice president of Sales and Marketing.

Optical Connection, Inc. has the rights to three different patents and one patent application for a system called the WaveTouchProcess™ which will virtually link Wavefront data measured in a practitioner's office over a specifically designed diagnostic lens to a high-speed contact lens manufacturing system.

By controlling the alignment and centration of the diagnostic lens on the eye, the doctor can provide individualized measurements for each patient.

This data is transferred to the Optical Connection manufacturing facility, which will create the Definition Wavetouch contact lenses for that patient. The Definition Wavetouch contact lens will correct for lower and higher order aberrations and have the ability to provide for superior vision for even a seriously distorted eye. The Definition Wavetouch

contact lens can then be direct-shipped to the practitioner or the patient, whichever is preferred.

For more about the DefinitionAC by OCI family of disposable lenses, Definition Wavetouch Wavefront-Guided Contact Lenses or becoming a Definition Wavetouch provider, contact: Kevin Bligh, kbligh@opticonnection.com. (888) 556-6567.

Rudy Project touts RX options for prescribers

Rudy Project Technically Cool Eyewear announced the release of its 2006 line of prescription eyewear frames. The new line features classic Italian styling and trademark Rudy attributes ranging from ultra light frame materials to spring-loaded hinges and full adjustability.

The company offers three ways for prescription lenses to be incorporated in the frames.

"Rudy Project is proud to debut its ophthalmic line crafted with sporting elegance and sophistication to create true Rx masterpieces," stated Brad Shapiro, Rudy Project North America partner and co-founder.

The Skalpel™ Vista series offers a large array of Rudy Project performance technologies in a refined, featherweight and slender metal platform.

Utilizing half rimless architecture, the Kabrio™ Vista has been forged around the idea of pure technological refinement and slender design, available in a titanium or gun metal frame.

Sleek design, advanced science and functional geometry are at the roots of the pure titanium, ultra light Tythan™ Vista.

The Horus™ Vista blends distinctive wrap-around geometry with the company's patented RX-Swap™, which offers versatile color customization. The Horus™ Vista is available in Matte Black, and RX is available in the other five Horus™ frames as well.

Rudy throughout the years has been a champion of sponsoring and supporting athletes at every level of competition. <http://www.rudyprojectusa.com/products/sunglasses/ophthalmic.htm>



Molly Nygaard, director of public relations and marketing for Rudy Project, displays a selection showing some of the company's lens colors. Rudy Project claims to be the only firm to offer three ways of inserting prescription lenses in technical eye wear: RX Insert, which is an optical insert that fits behind the outer polycarbonate lens; RX Direct, which is a traditional in-frame prescription lens, and RX Direct Interchangeable, which includes a snap in lens insert for semi-rimless styles.

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For more information or to register with the OCC, visit www.optometrycareercenter.org or call the AOA at (800) 365-2219, ext. 4111 or ext. 4107.

Sports vision evaluation opportunity at 2006 Junior Olympics in Virginia Beach

Thanks to the generosity of CIBA Vision, the AOA Sports Vision Section (SVS) will again be conducting free vision evaluations for athletes competing in the 2006 AAU Junior Olympic Games in Hampton Roads, VA, July 26-29.

The evaluations will be conducted in the Virginia Beach Convention Center, near the athlete check-in area.

More than 3,550 Junior Olympic athletes have received free vision evaluations from the SVS in the last 12 years. The evaluations will again be spearheaded by SVS members Steven A. Hitzeman, O.D., and Stephen Beckerman, O.D.

Sports Vision Section members receive

priority participation in the evaluations. Don't miss your chance to participate in this excellent opportunity to get hands-on training and experience in the latest sports vision evaluation techniques.

This program also provides an opportunity to gather data, establish testing protocols, and aid in identifying the best types of sports vision evaluation equipment.

If you are interested in volunteering, call the SVS office at (800) 365-2219, ext. 4107 or e-mail SVS@aoa.org.

Prospective volunteers will be contacted prior to the evaluations and will be informed of any funding available to help defray expenses involved in participation.

Online course in ethical behavior on way

The AOA Ethics and Values Committee is currently developing a series of online multimedia ethics courses.

The first course is slated for release early next year.

The courses are underwritten by CIBA Vision and will feature "actors in brief vignettes depicting various ethical dilemmas," said Committee Chair N.

Scott Gorman, O.D., Ed.D.

The courses will be the third in a series of projects the committee has undertaken in recent history to enhance the ethical behavior and performance of optometrists.

Ten years ago, "Recommended Curriculum for the teaching of Professionalism and Ethics in Optometry"

was published, and in 2000, AOA published "An Optometrist's Guide to Clinical Ethics" edited by R. Norman Bailey, O.D., and Elizabeth Heitman, Ph.D.

Drs. Bailey and Heitman are also serving as authors for the first online course, developing content and writing scripts for the vignettes.

Nova Southeastern University (NSU) has generously offered the use of its media production facilities and education technology staff for development of the course on its campus.

NSU College of Optometry will provide institutional support for the course and test grading services.

Once the course receives COPE approval, it will be available free of

charge at www.aoa.org.

After taking the course and passing a 10-question test, a downloadable certificate of completion will be immediately available.

There is no charge for test grading.

The first course will focus on ethical issues in contact lens practice and will offer one hour of CE credit in practice management.

A focus group consisting of members of the AOA Contact Lens and Cornea Section was scheduled to meet at the Spring Planning Conference in St. Louis on April 22 to provide insight into ethical issues they face in practice. Drs. Bailey and Heitman will use this information for development of course content.



InfantSEE™ Provider News

On March 13, AOA distributed the first InfantSEE™ Provider Newsletter by email. The next issue will be sent in late April. Don't miss out! If you did not receive a copy, please contact us:
By e-mail: infantsee@aoa.org
By phone: (800) 365-2219, x4286
Provide your name, phone number, and current email address with your request.

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The entertainment this year features one of the greatest bands of all time, The Beach Boys! For more than three decades, The Beach Boys have been riding the crest of a wave unequalled in America's musical history. The phenomenal popularity of The Beach Boys is unique to the music industry, as their audience ranges in age from six to sixty. Currently, The Beach Boys perform with Mike Love and Bruce Johnston leading the sounds. The Classic songs and The Beach Boys' harmonies embodied the spirit of the California lifestyle to a worldwide audience.

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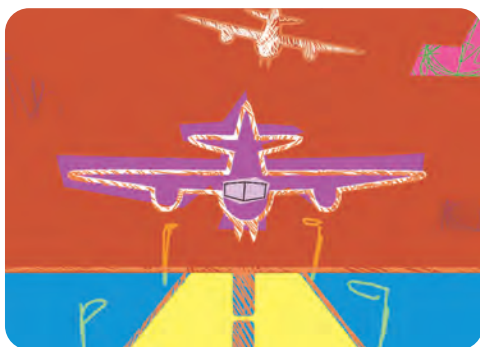
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Annual Congress
May 4-7, 2006
Hilton El Conquistador Resort
Tucson, AZ
602/279-0055
FAX: 602/264-6356
info@azoa

COLLEGE OF SYNTONIC OPTOMETRY
74TH ANNUAL CONFERENCE ON LIGHT AND VISION
May 4-7, 2006
Sirata Beach Resort, St. Pete Beach, Florida (Tampa Bay)
Ron Wahlmeier
719/486-0190
waldo@bresnan.net

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS
ANNUAL CONGRESS
May 4-7, 2006
The Bellagio Hotel,
Las Vegas, NV
Tracy Abel
888/376-6926
www.mwco.org

VIRGINIA OPTOMETRIC ASSOCIATION
VOYAGES IN VISION
May 4-7, 2006
Marriott Grand Cayman Beach Resort, Grand Cayman Island
804/643-0309
voaeyedocs@aol.com

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SPRING OPTOMETRIC SEMINAR, May 7, 2006
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www.neconferences.com

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NSU/FOA Cruise
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Grand Cayman and Ocho Rios, Jamaica
800/805-7245
www.funseas.com/nsu

MIDWEST VISION CONGRESS & EXPO 2006
May 11-14, 2006
Donald Stephens Convention Center Rosemont, IL
www.midwestvisioncongress.com

PINELLAS OPTOMETRIC ASSOCIATION
SUNCOAST SEMINAR
May 13-14, 2006
Philip G. Currey, O.D.
727/442-5504
ldoc1@aol.com

MONTANA OPTOMETRIC ASSOCIATION 2006 ANNUAL CONFERENCE & EXPOSITION
May 17-20, 2006
Holiday Inn Grand Montana, Billings, MT
Sue A. Weingartner,
406-443-1160
suew@mteyes.com

NATIONAL RURAL HEALTH ASSOCIATION'S ANNUAL MEETING May 17-19 in Reno, NV. For information visit nrharural.org.

NEW MEXICO OPTOMETRIC ASSOCIATION
2006 ANNUAL CONVENTION
May 18-21, 2006
Hotel Albuquerque at Old Town, Albuquerque, NM
505/751-7242

10TH ANNUAL CLINICAL EYE CARE CONFERENCE & ALUMNI WEEKEND, Nova Southeastern University College of Optometry, May 19-21, 2006
Fort Lauderdale, Shakara Rosenbaum, MS 954/262-4224, ocoe@nsu.nova.edu
<http://optometry.nova.edu/ce>

OPTOMETRIC EXTENSION PROGRAM FOUNDATION
European Kraskin Invitational Skeffington Symposium
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Denmark

ILLINOIS OPTOMETRIC ASSOCIATION, CHICAGO
NORTHSIDE OPTOMETRIC SOCIETY, ADVANCED EYECARE ASSOCIATES
AEA Cruise Seminars – Iberian Interlude
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June

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www.CRTSymposium.com.

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June 3-4, 2006
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www.babousa.org

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June 9-11, 2006
The Lafayette Hilton & Towers,
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www.optla.org

VIRGINIA OPTOMETRIC ASSOCIATION
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June 9-11, 2006
Norfolk Waterside Marriott,
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ALASKA OPTOMETRIC ASSOCIATION
AKOA SUMMER CONFERENCE 2006
June 9-12, 2006
Fairbanks Princess Riverside Lodge, Fairbanks, AK
Tracy Oman
907/770-3777
FAX: 907/272-7532
akoa@alaska.com
www.akoa.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION, INC.
POA SPRING EDUCATIONAL CONFERENCE
June 10-11, 2006
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www.sco.edu/scoclassic

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LV04 –Low Vision Therapy
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Cathy Czeto
212/821-9487
FAX: 212/821-9781
cczeto@lighthouse.org
www.lighthouse.org/ce

GEORGIA OPTOMETRIC ASSOCIATION ANNUAL CONFERENCE
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Amelia Island Plantation,
Amelia Island, FL
800/949-0060
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July

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www.optometriccruiseseminars.com

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July 6-10, 2006
Pacific University, Forest Grove, OR
949/250-8070
smcorngold@oep.org.

38TH CONVENTION OF THE NATIONAL OPTOMETRIC ASSOCIATION
July 11-16, 2006
Cancun Beach & Golf Resort,
877/394-2020
FAX: 219/398-1077
cconer2@aol.com
www.natoptassoc.org

INDIANA OPTOMETRIC ASSOCIATION 2006
Formulary Seminar
July 12-13, 2006
Ritz Charles, Carmel, IN
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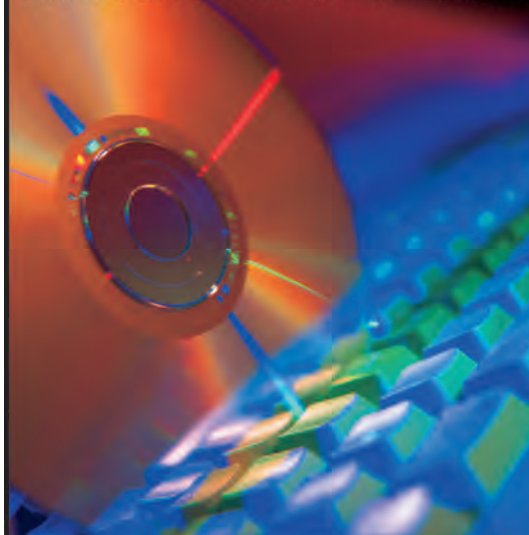
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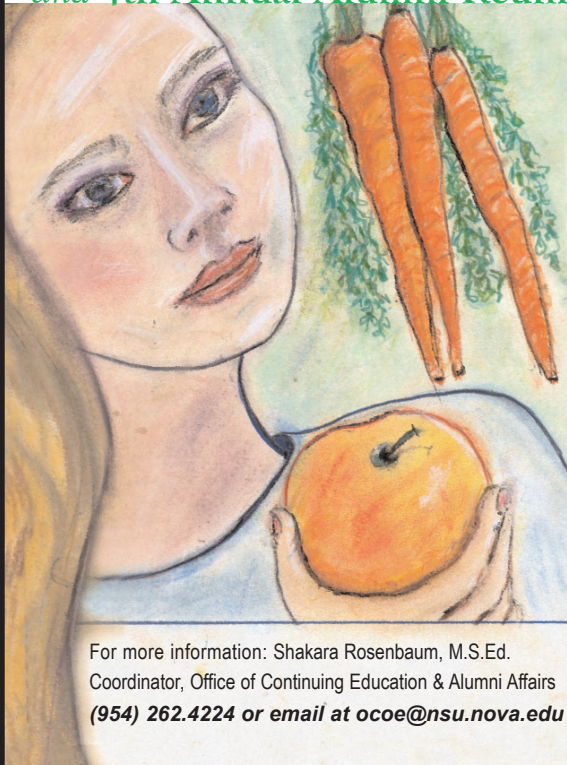
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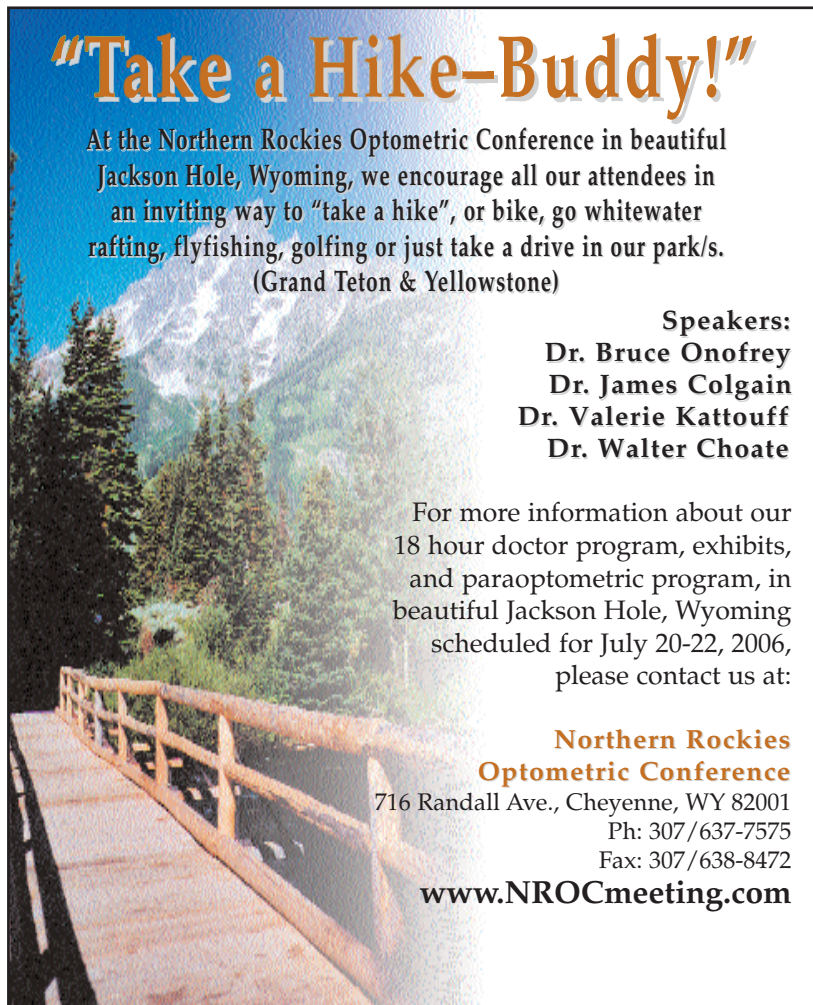
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The New England College of Optometry is inviting applications for a tenure-track faculty position in the area of ocular disease and primary care.

Required qualifications include an O.D. degree, residency training or five years' experience, and eligibility to be licensed in Massachusetts. A Masters degree or other advanced level credential is highly desirable. The successful applicant will have a documented record of scholarship and excellence in clinical care.

Responsibilities will depend upon the unique qualifications and interests of the applicant, but will include classroom, laboratory, and clinical teaching. This faculty member will also serve as a member of the professional staff of the New England Eye Institute, a network of eye care centers and clinical programs in homeless shelters, community health centers, hospitals and other health facilities in the greater Boston area.

Faculty rank and salary will be commensurate with experience.

Applicants should submit a letter of application and curriculum vitae by 5/15/2006 to:

Dr. Clifford Scott, Chair
Department of Community Health
New England College of Optometry
424 Beacon Street.
Boston, MA 02115

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Jimmy D. Bartlett, O.D., Chair, Department of Optometry
School of Optometry,
University of Alabama at Birmingham
1716 University Boulevard, Birmingham, Alabama 35294-0010

Applications will be accepted until May 15, 2006 or until the position is filled. For further information, call Dr. Bartlett at (205) 934-6764.

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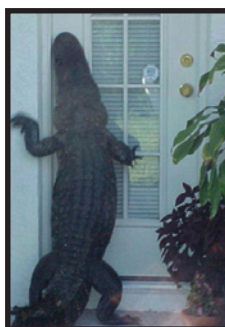
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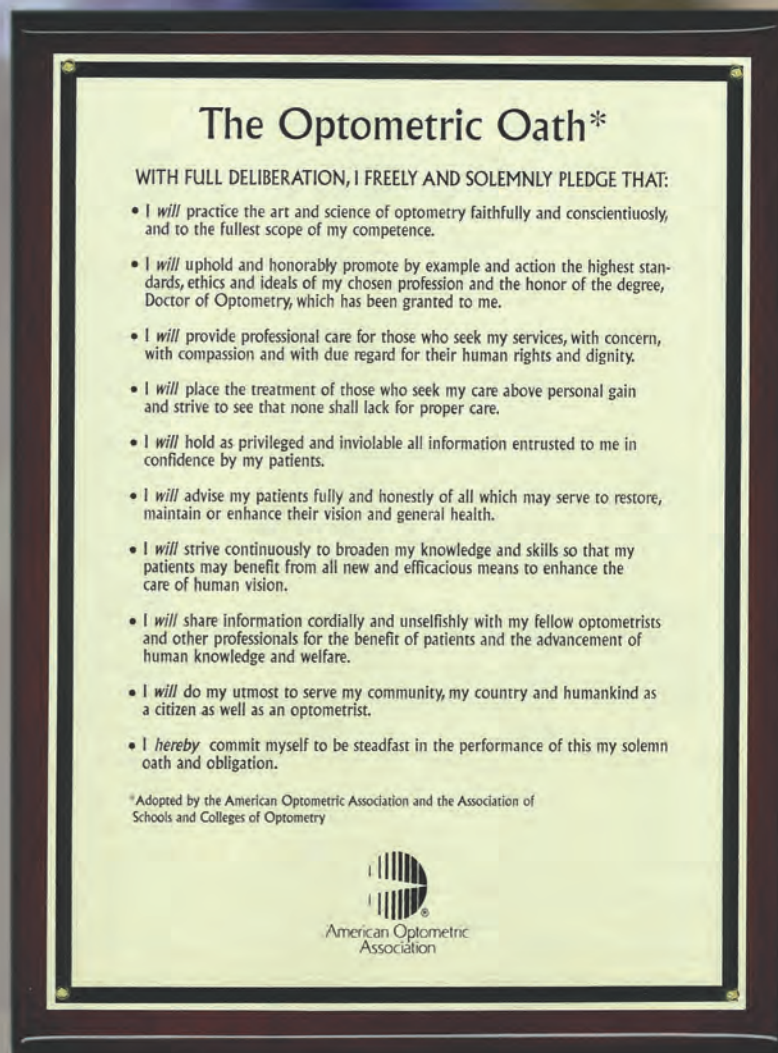
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